

Massachusetts Collectors and Treasurers Association
39th Annual School - CLASS REGISTRATION FORM - Aug. 18-21, 2009

Name of Registrant: _____ Title: _____

Municipality/District/Company/Organization: _____

Business Mailing

Address: _____

City: _____ State: _____ Zip: _____ Tel #
 (____) _____

Email Address: _____ Fax #
 (____) _____

Schedule of Registration Fees: (Circle one) Dues Paying Member or Sponsored Staff Person (see below)
 \$95.00

All Others: \$155.00

NOTE! If registrant is a staff person in the Collector's or Treasurer's office and is not a dues paying member of this Association, the statement below must be signed by the incumbent Collector or Treasurer. Otherwise, registrant is required to pay the non-member fee of \$155.00.

"The registration of the above individual, who is a staff person in this office, is sponsored and approved by me."

 (Signature) (Collector) (Treasurer) (Treas.-Coll.) (Municipality)

You will find **Course numbers** in the **upper portion of the boxes** of your School Program enclosed. A Course Number preceded by an asterisk indicates this is a REQUIRED course for Certification. Indicate, in the block in the right hand column, your course selection **by Course Number**, for each time slot. Certified members may select any course in the Treasurer, Collector or Certified Track.

		Treasurer Course Nos.			Collector Course Nos.			Certified Course Nos.		Insert Your Choice
Date	Time	1st Yr	2nd Yr	3rd Yr	1st Yr	2nd Yr	3rd Yr			Below
Tuesday 18-Aug	10:00-12:30	*101	*408	*418	*160	*408	*418	722	722	
	3:15-5:00	*102	*202	*401	*102	*268	*401	723	723	
Wed. 19-Aug	8:30-10:00	*103A	*203A	*301	*161A	*260A	371	724	724	
	10:15-11:30	*103B	*203B	752	*161B	*260B	*364	725	725	
	12:30-2:00	*201	*201	*201	*201	*201	*201	*201	*201	
	2:15-3:30	*104A	*203C	*303A	*162A	*361A	*365A	734	734	
	3:45 -5:00	*104B	*203D	*303B	*162B	*361B	*365B	729	729	
Thurs. 20-Aug	8:30-10:00	*105A	*108	784	*163A	*167	784	784	784	
	10:15-12:00	*105B	*207	206	*163B	*710	206	206	206	
	1:00-3:00	*107	*211	900R	*165	*775	950R	775	211	
	3:15-5:00	*106	212	900R	*164	733	950R	733	733	
Friday 21-Aug	9:00-10:30	110	210	900	170	170	950	170	110	
	10:45-12:00	109	109	900	109	109	950	109	109	

Make check in proper amount Payable to:

University Conference Services

And Mail With This Registration Form To:

**University Conference Services CS# 10 - 33
918 Campus Center
University of Massachusetts
Amherst, MA 01003-1210**

Registrations received at University Conference Services after August 3rd will be assessed a \$35.00 late registration fee.

University Conference Services will charge a \$35.00 fee for all checks returned by the bank due to insufficient funds or closed accounts.

Cancellations must be in writing. Cancellations will be accepted until August 10th and will receive a refund of the registration fee paid, minus a \$35.00 cancellation fee. No refunds after August 10th.