

STAFF SCHOOL REGISTRATION

The following members of my staff will be attending the **Staff School** as indicated. *(circle date(s) attending)*:

signature of (Collector) (Treasurer) (Collector-Treasurer)

municipality/district

Collector's School

Treasurer's School

September

September

NAME: _____ 9th 23rd

NAME: _____ 9th 23rd

NAME: _____ 9th 23rd^{4h}

NAME: _____ 9^h 23rd

NAME: _____ 9th 23rd

NAME: _____ 9th 23rd

NAME: _____ 9th 23rd

NAME: _____ 9th 23rd

NAME: _____ 9th 23rd

NAME: _____ 9th 23rd

Amount enclosed \$ _____

Please return signed registration form as soon as possible together with a check for \$35.00 per person, per day, payable to Massachusetts Collectors and Treasurers Association. Mail to MCTA, 510 King Street, Littleton, MA 01460.

You may FAX this form to 978-952-6655 or register on line and follow up with a hard copy and check.

A reservation made is a reservation expected to be paid, unless cancelled at least 36 hours prior to the event.