

# GUEST REGISTRATION FORM

## Maine Association of Assessing Officers' Fall Conference Sunday River - The Jordan Hotel

September 18-20, 2024

Complete and return this form via email to [wsreg@memun.org](mailto:wsreg@memun.org)

**\*NO PHONE RESERVATIONS ACCEPTED\***

Please register the following guest of \_\_\_\_\_ for the MAAO Fall Conference.

FULL NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Unless indicated below, we will use the billing address of the attendee of which this person is a guest.

Billing Address: \_\_\_\_\_

Guest Meals:	Cost	Total
Wednesday All-Inclusive Meals (Breakfast, AM/PM Breaks, Lunch, Dinner)	\$110.00/person	=\$ _____
Thursday All-Inclusive Meals (Breakfast, AM/PM Breaks, Lunch, Dinner)	\$135.00/person	=\$ _____
Friday All-Inclusive Meals (Breakfast, AM Break)	\$30.00/person	=\$ _____
Golf Tournament (Thursday, September 19th)	\$55.00/person	=\$ _____
	<b>TOTAL MEALS:</b>	=\$ _____

**\*\*Please use one form per conference guest. Copy this form as needed.\*\***

