

2025 MECRA CONFERENCE REGISTRATION

Name: ____CEO/CER/CSR# _____

Court/Company _____

Address: _____

Phone Number(s): _____ Email address: _____

Number of guests: _____ Name(s) of guests: _____

Registration: (Select one)

\$75 – Member - Attend by Zoom all (3) days _____

\$85 – Non-Member - Attend by Zoom all (3) days _____

\$160 – MECRA Members (3) days _____

\$170 – Non-members (3) days _____

\$95 – MECRA Member (1) day _____

Guest Meal (\$30.00 per person/meal) _____

TOTAL _____

Indicate the days you will be attending: _____

Indicate the days your guest will need meals: _____

Please advise if you wish to be excluded from any photography during the conference: **Yes or No**

___Paid by credit card. Date: _____ Amount \$ _____

___Mail this registration form and payment to: **Make checks payable to:**

MECRA, MECRA Treasurer, PO Box 644, Atlanta, Michigan 49709