



88th MVA Annual Convention

“We Are in it to Win It!”

Friday, March 23 & Saturday, March 24, 2018

Renaissance Boston Patriot Place Hotel, 28 Patriot Place, Foxboro, MA 02035

Room Costs: Single/Double - \$174+tax; * Telephone #: (508) 543-5500 * Mention: *MVA Conference* for room rate

General Information

Name: _____ Home Phone: (____) _____
 Address: _____
 Town: _____ State: _____ ZIP: _____
 School: _____ Program Area: _____
 E-Mail: _____

Leadership Workshop & Convention Registration Fees

Leadership Workshop, Friday, March 23	# Attending	Fee	Total Cost
Leadership Workshop (includes all meals).....	_____ x	\$225.00 =	\$ _____
MVA Convention Registration, Saturday, March 24	# Attending	Fee	Total Cost
MVA Member (e-mail djarvis@lpvec.org if needed).....	_____ x	\$200.00 =	\$ _____
Non MVA Member (includes \$30 MVA membership).....	_____ x	\$230.00 =	\$ _____
MVA Retirees.....	_____ x	\$125.00 =	\$ _____
Total Registration Fees			\$ _____

Reception & Meals (Please list meal tickets on purchase order)

	# Tickets/Attending	Cost/Ticket	Total Cost
Saturday Breakfast (free to attendee).....	_____ x	Included =	FREE
Additional Saturday Breakfast Tickets	_____ x	\$20.00 =	\$ _____
Saturday Luncheon	_____ x	Included =	\$ _____
Additional Saturday Luncheon Tickets	_____ x	\$30.00 =	\$ _____
Saturday Evening Banquet Buffet.....	_____ x	\$58.00 =	\$ _____
Saturday Evening Youth Banquet Meal, Kids Ages 10-12.....	_____ x	\$20.00 =	\$ _____
Total Cost of Meals			\$ _____

Payment Summary

Total Registration Fees\$ _____
Total Cost of Meals\$ _____
Total Paid by School\$ _____
Total Paid/Due by Individual\$ _____

Youth Activity Form – FREE (Please check if participating)

_____ Kid's Night Out, Ages 3 -11, Saturday, 5 – 11 p.m. (FREE Service for Banquet Attendees only; inc. pizza, games, etc.)

Kid's Name _____ Age _____ Kid's Name _____ Age _____

Kid's Name _____ Age _____ Kid's Name _____ Age _____

Please **register by March 1, 2018**. Make check payable to **MVA**. Mail registration and payment or purchase order to Massachusetts Vocational Association, c/o Don Jarvis, Lower Pioneer Valley Educational Collaborative, 174 Brush Hill Avenue, West Springfield, MA 01089 * Fax (413)735-6315. For any questions, call (413) 735-6304 or email Don Jarvis at djarvis@lpvec.org. Visit our website for updates at www.massmva.com.

FOR MVA BUSINESS USE ONLY

School PO # _____ MVA Invoice # _____ Check # _____ Amount \$ _____

Personal Check # _____ Amount \$ _____