



90th MVA Annual Conference

“Leave a Learning Legacy”

Friday, April 3 & Saturday, April 4, 2020

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

Room: Single/Double - \$188+tax; * Telephone #: (508) 543-5500 * *Mention: MVA Conference* for room rate (by March 2)

General Information

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

Leadership and Conference Registration Fees

Leadership Workshop, Friday, April 3	# Attending	Fee	Total Cost
Leadership Workshop (includes breakfast/lunch).....	_____ x	\$225.00	= \$ _____
Leadership Workshop (conference attendee cost)	_____ x	\$200.00	= \$ _____
MVA Conference Registration, Saturday, April 4	# Attending	Fee	Total Cost
MVA Member (member # _____)	_____ x	\$210.00	= \$ _____
Non MVA Member (includes \$30 MVA membership)	_____ x	\$240.00	= \$ _____
MVA Retirees	_____ x	\$125.00	= \$ _____
Total Registration Fees			\$ _____

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

Indicate meal selection (even if free):	# Tickets/Attending	Cost/Ticket	Total Cost
Saturday Breakfast (included with conference fee for attendee)	_____ x	Included	= FREE
Additional Saturday Breakfast Tickets	_____ x	\$25.00	= \$ _____
Saturday Luncheon (included with conference fee for attendee)	_____ x	Included	= \$ FREE
Additional Saturday Luncheon Tickets	_____ x	\$35.00	= \$ _____
Saturday Evening Banquet Buffet CONFERENCE ATTENDEE RATE....	_____ x	\$65.00	= \$ _____
Saturday Evening Banquet Buffet ONLY.....	_____ x	\$80.00	= \$ _____
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, \$ _____

Please **register by March 4, 2020**. Make check payable to **MVA**. Mail registration with 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 # _____ Invoice # _____ Check # _____ Amount \$ _____
 Personal Check # _____ Amount \$ _____