

2010 MNA Convention Reimbursement Form

Name: _____

Address: _____

Phone: home _____ work _____

Employer: _____

Please submit copies of receipt(s) or cancelled check(s) for reimbursement. Mail this form and supporting information to the above address.

(1) **MNA convention registration** \$ _____
(does not include optional event fees)

(2) **Housing**

Single occupancy (one night reimbursement)

OR

Double occupancy (two nights reimbursement *)

*both occupants need to be MNA Region 5 members *

NOTE for double occupancy reimbursement:

Name of MNA-member roommate: _____

When reserving your double occupancy room at Hilton Garden Inn, Worcester, ask that both members' names be identified on your receipt. Either one of you may request full reimbursement or both of you may request half reimbursement (for this, you need to ask for a split receipt at checkout).

\$ _____

Total Reimbursement \$

I am a Region 5 member. I attest that the above information is true.

Signed: _____

Deadline for submission of reimbursement is February 1, 2011.

