

# 2017 M.A.P.T. Conference Registration

First and Last Name \_\_\_\_\_

School District or Company \_\_\_\_\_

City \_\_\_\_\_

Do you need an Invoice ?

Yes \_\_\_\_\_

No \_\_\_\_\_

Billing Info for who is paying for Conference (address, phone, fax, email)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# of years driving a bus \_\_\_\_\_ # Attending BBQ \_\_\_\_\_

Circle your job title:

Contractor      Supervisor      Driver      Mechanic      Other: \_\_\_\_\_

Judge Road-E-O (Wed. 1:30 - 4:30, will count for 3 hours of training)

Yes \_\_\_\_\_ No \_\_\_\_\_

Conference includes 15-18 possible hours of training with 6 Meals per person.      **\$150.00**

**Put a check mark next to those things you want to add and put amount on the line.**

1st Aid \$35.00 \_\_\_\_\_

CPR \$35.00 \_\_\_\_\_

Road-E-O \$10.00 \_\_\_\_\_

MSBDA \$10.00 \_\_\_\_\_

Supervisor Class \$20.00 \_\_\_\_\_

Total Amount \_\_\_\_\_

To Mail in send to :

MAPT P.O. Box 422 Corvallis, MT 59828

Fax # (406) 203-1572

E-mail: montana.mapt@gmail.com