## MSUG iCon Attendance Agreement

Name:	School District/ISD:
Telephone:	Email Address:
(MSUG), and once the conconference sessions in full <i>Cancellation of Agreemen</i> conference and understand Group (MSUG). Failure to other than items listed in care	Con conference at the expense of Michigan Skyward User Group afference arrangements have been paid for, you agree to attend the and to not cancel without due notice, unless your situation meets the art criteria listed below. You agree to be an active participant in the you are in attendance as a representative of Michigan Skyward User attend the conference or leave early from the conference for anything ancellation of agreement below will result in you having to reimburse group (MSUG) for all expenses.
<ul> <li>The attendee is no longer Skyward User Group (MS)</li> <li>The attendee, or immedia</li> </ul>	ate family member, is rendered ill such that it precludes them from s documentation is required.
<ul> <li>Individual Conference</li> <li>Maximum of (3) the room upgrade charge</li> <li>Single Coach Airfa current airfare rates the attendee to covered</li> </ul>	roup will pay the following for each individual person sent: nce Fee ree nights stay in a standard hotel room at the conference site. (Any ges are the responsibility of the attendee.) re (A maximum allowance will be given to each attendee based on s. If flight cost is higher than the allocation, it is the responsibility of er the remaining cost. Attendees will not be reimbursed the difference e allowance and actual airfare cost.)
Current year allocation for <ul><li>Airport shuttle serv</li></ul>	,
	shuttle
By signing below, you indi	icate that you agree to the above:
Attendee	