MSUG iCon Attendance Agreement

Name: _____ School District/ISD:_____

Telephone: _____ Email Address: _____

ATTENDING THE CONFERENCE:
By agreeing to attend the iCon conference at the expense of Michigan Skyward User Group (MSUG), and once the conference arrangements have been paid for, you agree to attend the conference sessions in full and to not cancel without due notice, unless your situation meets the ***Cancellation of Agreement*** criteria listed below. You agree to be an active participant in the conference and understand you are in attendance as a representative of Michigan Skyward User Group (MSUG). Failure to attend the conference or leave early from the conference for anything other than items listed in cancellation of agreement below will result in you having to reimburse Michigan Skyward User Group (MSUG) for all expenses.

CANCELLATION OF AGREEMENT WILL BE GRANTED IF:
• The attendee is no longer employed by the school district which they represent in the Michigan Skyward User Group (MSUG).
• The attendee, or immediate family member, is rendered ill such that it precludes them from attendance. Proof of illness documentation is required.
• There is a death of an immediate family member.

Michigan Skyward User Group will pay the following for each individual person sent:

- Individual Conference Fee
- Maximum of (3) three nights stay in a standard hotel room at the conference site. (Any room upgrade charges are the responsibility of the attendee.)
- Single Coach Airfare (A maximum allowance will be given to each attendee based on current airfare rates. If flight cost is higher than the allocation, it is the responsibility of the attendee to cover the remaining cost. Attendees will not be reimbursed the difference of maximum airfare allowance and actual airfare cost.)

Current year allocation for airfare _____

- Airport shuttle service to and from the conference site if used. (A maximum allowance for an airport shuttle will be given to each attendee.) MSUG will not reimburse car rental expenses.

Current year allocation for shuttle _____

By signing below, you indicate that you agree to the above:

_____ _____
Attendee Date