



SUPER SAVER DISCOUNTS END ON
JANUARY 9, 2015

SSA 2015 SPRING
CONFERENCE & TRADE SHOW

MARCH 11 - 13, 2015
GAYLORD NATIONAL | WASHINGTON, DC

**MID-SIZED OWNERS GROUP
(MSOG) SEMINAR**

(Pre-Conference Event for Owner/Operators of 2-9 Facilities)

GAYLORD NATIONAL | WASHINGTON, DC

SELF-STORAGE ECONOMIC SUMMIT

(Pre-Conference Event)

GAYLORD NATIONAL | WASHINGTON, DC

MARCH 11, 2015

Go to
www.selfstorage.org
for more details

REGISTRATION FORM AND FEES – SPRING 2015

(or go to www.selfstorage.org to register!)

Substitution and Refund Policies: If you register and then are unable to attend, you may send someone in your place at no additional charge. Notify the SSA registrar in writing or by FAX (514) 228-3102 or email SSA@Showcare.com, as far in advance of the Conference as possible. Cancellations faxed or postmarked on or before February 13, 2015, will be subject to a \$50 cancellation fee per registrant (\$20 for Guest and \$35 for One-Day Only registrants), with the remainder refunded. **No refund will be granted for cancellations faxed or postmarked after February 13, 2015!**

PART A – ATTENDEE INFORMATION

One registration per form. For additional registrations, please copy this form.

First Name _____ Last Name _____
 Title _____ Nickname (for badge) _____
 Company Name _____ Is your company a member of SSA? Not yet
 Address _____ Yes - Member Number _____
 City _____ State _____ Zip _____
 Phone (_____) _____ Fax (_____) _____
 Email _____ May we share your email with exhibiting companies? Yes No

Is this your first SSA Conference and Tradeshow? Yes No

What best describes your company: Single Facility Multiple Facilities Management Firm Vendor to the Industry

Designation: Facility Mgr. Facility Owner Regional Mgr./Supervisor Developer Designation Other _____

What responsibilities do you have in making decisions for purchases of goods and services for your facility?

No responsibility Recommend purchases to my Owner or Supervisor Full responsibility for all purchasing decisions

PART B – REGISTRATION INFORMATION

Fees (in \$US)

FOR ITEMS 1) & 2): Members only, registration fees include a downloadable library of all session recordings and slides.

	REQUIRES SSA MEMBERSHIP ID NUMBER				Non-Members		
	Super Saver 1/09/15	SSA Direct Members*		SSA Affiliate Members	By 2/13/15	After 2/13/15 & On-site	
		By 2/13/15	After 2/13/15 & On-site	By 2/13/15	After 2/13/15 & On-site	By 2/13/15	After 2/13/15 & On-site
1) <input type="checkbox"/> FULL REGISTRANT	\$525	\$569	\$629	\$625	\$675	\$800	\$900
2) <input type="checkbox"/> ADDITIONAL REP (same company)	\$425	\$450	\$475	\$475	\$500	\$700	\$800
3) <input type="checkbox"/> 1 DAY ONLY (Thursday, March 12)	\$325	\$350	\$375	\$375	\$400	\$550	\$600
4) <input type="checkbox"/> Trade Show ONLY**							
<input type="checkbox"/> WITH LUNCH/RECEPTION	\$120	\$130	\$145	\$130	\$145	\$155	\$170
<input type="checkbox"/> WITHOUT LUNCH/RECEPTION	\$75	\$85	\$100	\$85	\$100	\$110	\$125
<input type="checkbox"/> Wednesday (Reception) <input type="checkbox"/> Thursday (Lunch)							
NOTE: Vendors who are not exhibiting may register in the Full Registrant category ONLY.							
5) <input type="checkbox"/> GUEST REGISTRANT (includes 2 breakfasts, 2 trade shows, 2 receptions and closing general session)	\$275	\$300	\$325	\$350	\$375	\$450	\$550
<input type="checkbox"/> ECONOMIC SUMMIT							
First Registrant	\$300	\$325	\$350	\$350	\$375	\$400	\$450
(Optional Event: Wednesday, March 11)							
Second/Third Registrant	\$150	\$150	\$150	\$150	\$175	\$200	\$250
<input type="checkbox"/> MID-SIZE OWNERS GROUP (2-9 Facilities) (Optional Event: Wednesday, March 11)	\$100	\$125	\$150	\$150	\$175	\$250	\$300
<input type="checkbox"/> MANAGERS SUMMIT (Optional Event: Thursday, March 12)	\$100	\$125	\$150	\$150	\$175	\$200	\$250
<input type="checkbox"/> FACILITY TOUR (Optional Event: Friday, March 13) x \$50 = _____							

*Those who have a valid ID number

** Wednesday Trade Show will offer a reception included option; Thursday Trade Show will offer a lunch included option

PART C – PAYMENT INFORMATION

Enclose check payable to SSA in US funds, or charge: Visa MC AMEX

Registration Fee _____ Card # _____ Exp. Date _____

Guest Fee _____ Print Name _____

Guest Name _____ Billing Address _____

Economic Summit _____ Signature _____

Mid-Size Owners Group _____ *SSA Reserves the right to charge the correct amount if different from the amount listed above.

Managers Summit _____ Mail or fax your completed registration form before February 27, 2015 to (514) 228-3102; SSA c/o Showcare Event Solutions, 1200 G Street NW, Suite 800, Washington DC, 20005-6705. Registration forms received after February 27, 2015 will not be processed in advance. Instead, please register onsite at the SSA desk at the Gaylord National Harbor. NOTE: Registration without payment will not be processed.

Facility Tour _____ Questions? Contact the SSA Registrar: Phone (514) 228-3076 | Fax: (514) 228-3102 | email: SSA@Showcare.com

Total Fees* \$ _____  Please check here if you are disabled and require special services. Please attach a written description of your needs