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40 YEARS STRONG

SSA Fall Conference & Trade Show

September 8–11, 2015
Caesars Palace, Las Vegas

Learn from your peers...



REGISTRATION FORM AND FEES – FALL 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) 289-9844 or email SSA@Showcare.com, as far in advance of the conference as possible. Cancellations faxed or postmarked on or before August 21, 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 August 21, 2015!**

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

PART A – ATTENDEE INFORMATION

First Name _____ Last Name _____
 Title _____ Nickname (for badge) _____
 Company Name _____ **Is your company a member of SSA?** Yes No Not yet
 Address _____ Yes: Member No. _____
 City _____ State _____ Zip _____
 Phone (_____) _____ Fax (_____) _____
 Email _____ May we share your email address with exhibiting companies? Yes No
Is this your first SSA Conference & Trade Show? Yes No
What best describes your company: Single Facility Multiple Facilities Management Firm Vendor to the Industry
Your designation: Facility Manager Facility Owner Regional Manager/Supervisor Developer Vendor 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

Direct Members Only: Full and Additional Rep registration fees include a downloadable library of session recordings and slides.

Optional Events. Not included in Full, Additional, 1 Day, Trade Show, Guest and Nevada registration categories.

| | REQUIRES SSA MEMBERSHIP ID NUMBER | | | | | Non-Members |
|--|--|---------------------------------|------------------------------|--|------------------------------|-------------|
| | Direct Members Only Super Saver By 7/17/15 | SSA Direct Members ³ | | International & State Affiliate (Indirect) Members ⁴ | | |
| | | By 8/21/15 | After 8/21/15 and On-Site | By 8/21/15 | After 8/21/15 and On-Site | |
| <input type="checkbox"/> FULL REGISTRANT | \$625 | \$675 | \$750 | \$750 | \$800 | \$900 |
| <input type="checkbox"/> ADDITIONAL REP (same company) | \$500 | \$550 | \$625 | \$625 | \$675 | \$800 |
| <input type="checkbox"/> 1 DAY ONLY <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday | \$325 | \$375 | \$425 | \$425 | \$475 | \$550 |
| <input type="checkbox"/> TRADE SHOW ONLY ¹ <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday | \$125 | \$130 | \$145 | \$145 | \$155 | \$190 |
| <input type="checkbox"/> GUEST REGISTRANT Name: _____ | \$300 | \$325 | \$350 | \$350 | \$375 | \$425 |
| <input type="checkbox"/> NV ONE DAY SPECIAL ² (Wednesday, September 9) | \$300 | \$350 | \$375 | \$350 | \$375 | \$425 |
| <input type="checkbox"/> SOCIAL MEDIA BOOT CAMP (Tuesday, September 8) | \$225 | \$225 | \$250 | \$250 | \$275 | \$395 |
| <input type="checkbox"/> REGIONAL SUPERVISORS (Tuesday, September 8) | \$225 | \$250 | \$295 | \$295 | \$325 | \$400 |
| <input type="checkbox"/> MANAGERS SUMMIT (Wednesday, September 9) | \$125 | \$150 | \$175 | \$175 | \$275 | \$300 |
| <input type="checkbox"/> LATIN AMERICA MARKETS (Thursday, September 10) | \$199 | \$199 | \$199 | \$199 | \$199 | \$300 |

¹ Vendors who are not exhibiting **must** register in the Full Registrant category only

² For owner/operators in Nevada

³ Those who have a valid ID number

⁴ Canadian SSA and various state affiliated association members who have an SSA ID number

PART C – PAYMENT INFORMATION

Registration Fee \$ _____
 Guest Fee \$ _____
 NV One Day Special \$ _____
 Social Media Boot Camp \$ _____
 Regional Supervisors Program \$ _____
 Managers Summit \$ _____
 Latin American Markets \$ _____
 Gift Certificate # _____ - \$ _____
Total Fees* (\$US) \$ _____

Enclose check payable to SSA in U.S. funds, or charge: Visa MC AMEX

Card # _____ Exp Date ____/____

Print Name on Card _____

Billing Address _____

Signature _____

Mail or fax your completed registration form before September 1, 2015 to (514) 289-9844; SSA c/o Showcare Event Solutions, 1200 G Street NW, Suite 800, Washington DC, 20005-6705. **Registration forms received after September 1, 2015 will not be processed in advance. Instead, please register onsite at the SSA desk at Caesars Palace. NOTE: Registration without payment will not be processed.**

Questions? Contact the SSA Registrar: Phone (514) 228-3076 | Fax: (514) 289-9844 | email: SSA@Showcare.com

Please check here if you are disabled and require special services; attach a written description of your needs.

* SSA reserves the right to charge the correct amount if different from the amount listed above.