



SELF
STORAGE
ASSOCIATION

Participate. Learn. Benefit. Succeed.

SSA's 29th Annual Executive **SKI WORKSHOP**

January 19 - 22, 2015

The Summit at Big Sky
Big Sky, MT

**A SPECIAL
THANK YOU
TO OUR
2015 SKI
WORKSHOP
SPONSORS:**

BADER
Be Assured

GS
digital experience management™

DXM

THE
BSC
GROUP

centerShift
A Yardi Company

GLOBAL
PROPERTY COMPANY

PhoneSmart

REGISTER BEFORE DECEMBER 19, 2014 AND SAVE!

SKI 2015 REGISTRATION INFORMATION

To register, complete this page and mail or fax to SSA with payment. **Please PRINT LEGIBLY or type!**

Company: _____

SSA Member? Yes No SSA ID# (if known) _____

Address: _____

City / State / Zip: _____

Phone: (_____) _____ Fax: (_____) _____

FIRST REGISTRANT from Company:

Name: _____

Badge Name: _____

Title: _____

E-mail: _____ \$ _____

SECOND REGISTRANT from Company:

Name: _____

Badge Name: _____

Title: _____

E-mail: _____ \$ _____

THIRD REGISTRANT from Company:

Name: _____

Badge Name: _____

Title: _____

E-mail: _____ \$ _____

For more "Additional Reps," please copy this form.

If you are unable to attend, you may send someone else in your place at no additional charge. Please notify SSA Headquarters as far in advance of the workshop as possible. Notification must be sent in writing. Cancellations emailed, faxed or postmarked by January 5, 2015, will be subject to a \$50 per person cancellation fee, with the remainder refunded. No refunds will be granted for cancellations received after January 5.

Questions? Call Jennifer in the SSA Meetings Department at 513-843-6943, or jpettigrew@selfstorage.org.

GUESTS/SPOUSES (those who are not First or Additional Reps):

Name: _____

Badge Name: _____

Adult \$ _____ Child \$ _____

For additional "Guest Registrants," please copy this form.

TOTAL FEES ENCLOSED \$ _____

PAYMENT: Registration will not be processed without payment. Send a check payable to SSA in US funds, or provide credit card information as follows:

Visa MasterCard AmEx

Card #: _____

Exp. Date: _____ Billing Zip Code: _____

Cardholder (print): _____

Signature: _____

RETURN REGISTRATION FORM TO:

**Jennifer Pettigrew, Vice President
SSA Meetings Department
4189 Edinburg Drive
Cincinnati, OH 45245**

Or fax with credit card info to: 513-843-6944

FEES		GUESTS / SPOUSES	
ENTIRE WORKSHOP		Fees include receptions, yoga, the Ski Challenge and the Closing Banquet.	
	By 12/19	After 12/19	
SSA Members	\$575	\$675	Adult
Non-Members	\$720	\$820	Children (under 18)
Additional Representative/Member	\$475	\$575	
Additional Representative/Non-Member	\$620	\$720	