



## MAPERS 2025 SPRING CONFERENCE

# REGISTRATION FORM

May 17 - 20, 2025 | MotorCity Hotel | Detroit, Michigan

### Deadline for Early Registration is April 18, 2025

#### 1. MEMBER BADGES: (PLEASE PRINT CLEARLY!)

Organization Name: City of Lansing

Attendee Name: Jeremy Garza

Preferred First Name for Badge: Jeremy

Phone: \_\_\_\_\_

Attendee Email: Jeremy.Garza@lansingmi.gov  
(Plan Administrators: please do not use your email address, individual's email is **required**)

#### 2. ATTENDEE SURVEY:

- I am a first time MAPERS attendee.
- I am a Plan Administrator and will attend the Administrator's Workshop Breakfast on Tuesday, May 20th (ribbon required for entry)
- I require special meal. Please detail: \_\_\_\_\_

#### 3. GUEST: (BADGES MUST BE WORN AT ALL TIMES)

(A guest is a spouse, family member, etc. NO BUSINESS ASSOCIATES PLEASE!)

Guest Name: \_\_\_\_\_

#### 4. REGISTRATION FEES:

	BEFORE 4/19/25	4/19 - 5/16/25	AFTER 5/16/25
Plan/Affiliate Member.....	\$350	\$400	\$450
Corporate Member.....	\$500	\$550	\$600
*Plus Associate Membership Dues.....	\$700	\$750	\$800
Guest.....	\$75	\$75	\$100
Total Amount Due:.....	\$ 350.00		

\*Your firm's conference attendance is limited to the number of associate memberships which they have purchased. Substitutions of those listed may be made, however, firm attendees over this number must purchase an associate membership (annual dues \$200 Jan. 1 thru Dec. 31).

#### 5. PAYMENT:

Check  Credit Card: Visa, Mastercard, American Express, Discover

CC #: \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_ CVV: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Please make check payable to MAPERS and mail to: 525 E. Michigan Ave. #409, Saline, MI 48176.

**Cancellation Policy:** Should you be unable to attend for any reason, please inform us IN WRITING prior to May 2, 2025 and a full refund less a \$25 processing fee will be issued. No refunds or credits will be given for cancellations received after May 2, 2025. Substitutions of paid attendees may be made at any time. All refunds will be processed post-conference. Please email your cancellation request to [info@mapers.org](mailto:info@mapers.org).

### HOW TO REGISTER:

**On-line:** Log onto the MAPERS Website, [www.mapers.org](http://www.mapers.org), and choose "Events" then select "2025 Spring Conference Registration". You can either complete the form on-line and send it electronically to MAPERS (you must use a credit card to register on-line) or printout the form and mail or scan your registration to MAPERS.

**By Mail:** Complete the registration form and indicate whether you are paying by credit card or check. Mail your completed registration form to: MAPERS, 525 E. Michigan Ave., #409, Saline, MI 48176

We cannot accept telephone registrations. Your registration is not completed until payment has been received by MAPERS.

Once a completed registration form, accompanied by full payment, has been received, a confirmation letter will be emailed to you.

### GUEST REGISTRATION:

(21 and over) \$75.00 per person prior to 5/17/25. In order to participate and attend MAPERS functions, a spouse/guest must be registered. Registration fee includes breakfast Monday and Tuesday, networking receptions Saturday and Sunday evenings, and dinner and entertainment Monday.

**Guest registration fee does not include lunch on Monday, May 19th.**

### CHILDREN:

Children (under 21) of paid conference attendees are welcome to join the group for breakfast on Monday and Tuesday at no charge. We request that children under 21 do not attend any evening activities.

### ATTIRE:

Business casual attire is appropriate for all MAPERS educational sessions and social functions. As the temperature is difficult to regulate in meeting rooms, we suggest dressing in layers.

On Monday night we encourage attendees to proudly represent their favorite Detroit sports team. Whether you're rocking a Red Wings jersey, a Tigers cap, a Pistons tee, or a Lions hoodie, let's celebrate the teams that make Detroit legendary. Pair your sports gear with your Motown spirit, and let's create an atmosphere that embodies the heart and soul of our city.



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### 1. MEMBER BADGES: (PLEASE PRINT CLEARLY!)

Organization Name: City of Lansing

Attendee Name: Thomas Lindemann

Preferred First Name for Badge: Tom

Phone: 517-483-15243(1)a exten 2

Attendee Email: Thomas.Lindemann@lansingmi.gov  
*(Plan Administrators: please do not use your email address, individual's email is required)*

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Guest.....	\$75	\$75	\$100
Total Amount Due:.....	\$ 350		

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Cardholder Name: \_\_\_\_\_

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## Deadline for Early Registration is April 18, 2025

### 1. MEMBER BADGES: (PLEASE PRINT CLEARLY!)

Organization Name: City of Lansing

Attendee Name: Dennis Parker

Preferred First Name for Badge: Dennis

Phone: \_\_\_\_\_

Attendee Email: Dennis.Parker@lansingmi.gov

*(Plan Administrators: please do not use your email address, individual's email is required)*

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### 1. MEMBER BADGES: (PLEASE PRINT CLEARLY!)

Organization Name: City of Lansing

Attendee Name: Terri Taylor

Preferred First Name for Badge: Terri

Phone: \_\_\_\_\_

Attendee Email: 15.243(1)(a) @gmail.com

(Plan Administrators: please do not use your email address, individual's email is **required**)

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### 1. MEMBER BADGES: (PLEASE PRINT CLEARLY!)

Organization Name: City of Lansing

Attendee Name: Christopher Wilcox

Preferred First Name for Badge: Chris

Phone: \_\_\_\_\_

Attendee Email: Christopher.wilcox@lansingmi.gov  
*(Plan Administrators: please do not use your email address, individual's email is required)*

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### 1. MEMBER BADGES: (PLEASE PRINT CLEARLY!)

Organization Name: City of Lansing

Attendee Name: ERIC Wohlfert

Preferred First Name for Badge: ERIC

Phone: \_\_\_\_\_

Attendee Email: Eric-Wohlfert@lansingmi.gov

(Plan Administrators: please do not use your email address, individual's email is **required**)

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# FUND/STAKEHOLDER REGISTRATION FORM

NCPERS 2025 Annual Conference & Exhibition (ACE) ☎ May 18-21 | Denver, CO

## ATTENDEE REGISTRATION

Is this your first time attending NCPERS Annual Conference & Exhibition (ACE)?

YES  NO

Early-Bird Registration Fee By May 2	Registration Fee After May 2
<input checked="" type="checkbox"/> Fund/Stakeholder: \$1,100/person	<input type="checkbox"/> Fund/Stakeholder: \$1,300/person

(Please print clearly)

Organization Name: CITY OF LANSING

First Name: SCOTT

Last Name: DEDIC

Role/Position/Professional Title: REITEMENT BOARD TRUSTEE

Preferred Mailing Address: 124 W MICHIGAN AVE 8TH FLOOR CITY HALL

City: LANSING

State: MI

Zip Code: 48933

Phone: 417-15.243 (OPTION 2)

\*E-mail Address: 15.243@UAW.NET

\*Please provide your e-mail address for conference updates and registration confirmation.

Emergency Contact Name (Required):

Relationship to Attendee (e.g., spouse, colleague, friend, etc.):

Emergency Contact Phone Number (Required):

## GUEST REGISTRATION

A guest refers to a spouse or personal friend, not a business associate, staff member or colleague. All guests must be registered to attend NCPERS events. The registration fee covers all breakfasts, exhibit hall refreshment breaks, and receptions. Guest registration does not include TEDS or NAF events.

Early-Bird Registration Fee By May 2	Registration Fee After May 2
<input type="checkbox"/> Guest: \$180/person	<input type="checkbox"/> Guest: \$200/person

First Name:

Last Name:

First Name:

Last Name:

## PAYMENT METHODS

All payments must be in U.S. funds. Electronic payment is strongly encouraged. Check, ACH, Wire Transfer and Credit Card are accepted.



**ONLINE:** You'll need your username and password to login.



**E-MAIL:** completed registration to [registration@ncpers.org](mailto:registration@ncpers.org).



**FAX:** completed registration to 202-688-2387.



**MAIL to NCPERS:**  
1201 New York Avenue, NW,  
Suite 850, Washington, DC 20005

## PAYMENTS VIA ACH



UPIC Account No: 82242567  
UPIC Routing No: 021052053

**CANCELLATION POLICY:** All registration cancellations must be received in writing by May 2 to receive a refund and will be subject to a processing fee. No refunds will be given after May 2. Please email your cancellation request to [registration@ncpers.org](mailto:registration@ncpers.org).

## REGISTRATION SUMMARY

Fund/Stakeholder Registration	\$ 1100.00
Guest Registration	\$
<b>GRAND TOTAL (U.S. funds)</b>	<b>\$ 1100.00</b>

## CREDIT CARD



American Express



Visa



MasterCard

Credit Card #:

Expiration Date: CC Verification Code:

Name On the Card:

Billing Address:

City:

State:

Zip:

Authorized Amount to Charge: \$

By signing this form, I certify I have read and understand the terms of this registration. If paying by credit card, I authorize NCPERS to charge my card for the total amount indicated.

Signature:

**HEALTH AND SAFETY POLICY:** NCPERS prioritizes the well-being of attendees and staff. We encourage respect for personal choices regarding masks and physical contact, adherence to any local or venue guidelines, and staying home if unwell. Thank you for helping us create a safe and welcoming environment.  
**COMPLAINT RESOLUTION POLICY:** NCPERS is dedicated to providing a positive, engaging, and valuable experience for all attendees of our educational programs. We welcome feedback and take all complaints seriously as part of our ongoing commitment to improving our programs and services.

# FUND/STAKEHOLDER REGISTRATION FORM

NCPERS 2025 Annual Conference & Exhibition (ACE) ☎ May 18-21 | Denver, CO

## ATTENDEE REGISTRATION

Is this your first time attending NCPERS Annual Conference & Exhibition (ACE)?

YES  NO

Early-Bird Registration Fee By May 2	Registration Fee After May 2
<input checked="" type="checkbox"/> Fund/Stakeholder: \$1,100/person	<input type="checkbox"/> Fund/Stakeholder: \$1,300/person

(Please print clearly)

Organization Name: CITY OF LANSING

First Name: MATTHEW

Last Name: KREFT

Role/Position/Professional Title: RETIREMENT BOARD TRUSTEE

Preferred Mailing Address: 124 W MICHIGAN AVE 8TH FLOOR CITY HALL

City: LANSING

State: MICHIGAN

Zip Code: 48933

Phone: \_\_\_\_\_

\*E-mail Address: MATTHEW.KREFT@LANSINGMI.GOV

\*Please provide your e-mail address for conference updates and registration confirmation.

Emergency Contact Name (Required): \_\_\_\_\_

Relationship to Attendee (e.g., spouse, colleague, friend, etc.): \_\_\_\_\_

Emergency Contact Phone Number (Required): \_\_\_\_\_

## GUEST REGISTRATION

A guest refers to a spouse or personal friend, not a business associate, staff member or colleague. All guests must be registered to attend NCPERS events. The registration fee covers all breakfasts, exhibit hall refreshment breaks, and receptions. Guest registration does not include TEDS or NAF events.

Early-Bird Registration Fee By May 2	Registration Fee After May 2
<input type="checkbox"/> Guest: \$180/person	<input type="checkbox"/> Guest: \$200/person

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

## PAYMENT METHODS

All payments must be in U.S. funds. Electronic payment is strongly encouraged. Check, ACH, Wire Transfer and Credit Card are accepted.



**ONLINE:** You'll need your username and password to login.



**E-MAIL:** completed registration to [registration@ncpers.org](mailto:registration@ncpers.org).



**FAX:** completed registration to 202-688-2387.



**MAIL to NCPERS:**  
1201 New York Avenue, NW,  
Suite 850, Washington, DC 20005

## PAYMENTS VIA ACH



UPIC Account No: 82242567  
UPIC Routing No: 021052053

**CANCELLATION POLICY:** All registration cancellations must be received in writing by May 2 to receive a refund and will be subject to a processing fee. No refunds will be given after May 2. Please email your cancellation request to [registration@ncpers.org](mailto:registration@ncpers.org).

## REGISTRATION SUMMARY

Fund/Stakeholder Registration	\$ 1100.00
Guest Registration	\$ _____
<b>GRAND TOTAL (U.S. funds)</b>	<b>\$ _____</b>

## CREDIT CARD



American Express



Visa



MasterCard

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CC Verification Code: \_\_\_\_\_

Name On the Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Authorized Amount to Charge: \$ \_\_\_\_\_

**By signing this form, I certify I have read and understand the terms of this registration. If paying by credit card, I authorize NCPERS to charge my card for the total amount indicated.**

Signature: \_\_\_\_\_

**HEALTH AND SAFETY POLICY:** NCPERS prioritizes the well-being of attendees and staff. We encourage respect for personal choices regarding masks and physical contact, adherence to any local or venue guidelines, and staying home if unwell. Thank you for helping us create a safe and welcoming environment.

**COMPLAINT RESOLUTION POLICY:** NCPERS is dedicated to providing a positive, engaging, and valuable experience for all attendees of our educational programs. We welcome feedback and take all complaints seriously as part of our ongoing commitment to improving our programs and services.

# FUND/STAKEHOLDER REGISTRATION FORM

NCPERS 2025 Annual Conference & Exhibition (ACE) 📅 May 18-21 | Denver, CO

## ATTENDEE REGISTRATION

Is this your first time attending NCPERS Annual Conference & Exhibition (ACE)?

YES  NO

Early-Bird Registration Fee By May 2	Registration Fee After May 2
<input checked="" type="checkbox"/> Fund/Stakeholder: \$1,100/person	<input type="checkbox"/> Fund/Stakeholder: \$1,300/person

(Please print clearly)

Organization Name: CITY OF LANSING

First Name: JUSTIN

Last Name: MOORE

Role/Position/Professional Title: RETIREMENT BOARD TRUSTEE

Preferred Mailing Address: 124 W MICHIGAN AVE 8TH FLOOR CITY HALL

City: LANSING

State: MICHIGAN

Zip Code: 48933

Phone: \_\_\_\_\_

\*E-mail Address: JUSTIN.MOORE@LANSINGMI.GOV

\*Please provide your e-mail address for conference updates and registration confirmation.

Emergency Contact Name (Required): \_\_\_\_\_

Relationship to Attendee (e.g., spouse, colleague, friend, etc.): \_\_\_\_\_

Emergency Contact Phone Number (Required): \_\_\_\_\_

## GUEST REGISTRATION

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Early-Bird Registration Fee By May 2	Registration Fee After May 2
<input type="checkbox"/> Guest: \$180/person	<input type="checkbox"/> Guest: \$200/person

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

## PAYMENT METHODS

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**ONLINE:** You'll need your username and password to login.



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**MAIL to NCPERS:**  
1201 New York Avenue, NW,  
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## PAYMENTS VIA ACH



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## REGISTRATION SUMMARY

Fund/Stakeholder Registration	\$ 1100.00
Guest Registration	\$ _____
<b>GRAND TOTAL (U.S. funds)</b>	\$ _____

## CREDIT CARD



American Express



Visa



MasterCard

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CC Verification Code: \_\_\_\_\_

Name On the Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Authorized Amount to Charge: \$ \_\_\_\_\_

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Signature: \_\_\_\_\_

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# FUND/STAKEHOLDER REGISTRATION FORM

NCPERS 2025 Annual Conference & Exhibition (ACE) 📅 May 18-21 | Denver, CO

## ATTENDEE REGISTRATION

Is this your first time attending NCPERS Annual Conference & Exhibition (ACE)?

YES  NO

Early-Bird Registration Fee By May 2	Registration Fee After May 2
<input checked="" type="checkbox"/> Fund/Stakeholder: \$1,100/person	<input type="checkbox"/> Fund/Stakeholder: \$1,300/person

(Please print clearly)

Organization Name: CITY OF LANSING

First Name: CRYSTAL

Last Name: THOMAS

Role/Position/Professional Title: REITEMENT BOARD TRUSTEE/DIRECTOR OF FINANCE

Preferred Mailing Address: 124 W MICHIGAN AVE 8TH FLOOR CITY HALL

City: LANSING

State: MI

Zip Code: 48933

Phone: 417-15.243(OPTION 2)

\*E-mail Address: CRYSTAL.THOMAS@LANSINGMI.GOV

\*Please provide your e-mail address for conference updates and registration confirmation.

Emergency Contact Name (Required): \_\_\_\_\_

Relationship to Attendee (e.g., spouse, colleague, friend, etc.): \_\_\_\_\_

Emergency Contact Phone Number (Required): \_\_\_\_\_

## GUEST REGISTRATION

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Early-Bird Registration Fee By May 2	Registration Fee After May 2
<input type="checkbox"/> Guest: \$180/person	<input type="checkbox"/> Guest: \$200/person

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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## REGISTRATION SUMMARY

Fund/Stakeholder Registration	\$ 1100.00
Guest Registration	\$ _____
<b>GRAND TOTAL (U.S. funds)</b>	<b>\$ 1100.00</b>

## CREDIT CARD



American Express



Visa



MasterCard

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CC Verification Code: \_\_\_\_\_

Name On the Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Authorized Amount to Charge: \$ \_\_\_\_\_

**By signing this form, I certify I have read and understand the terms of this registration. If paying by credit card, I authorize NCPERS to charge my card for the total amount indicated.**

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## MAPERS 2025 FALL CONFERENCE

# REGISTRATION FORM

September 13-16, 2025 | Amway Grand Plaza Hotel | Grand Rapids, MI

### Deadline for Early Registration is August 1, 2025

#### 1. MEMBER BADGES: (PLEASE PRINT CLEARLY!)

Organization Name: City of Lansing

Attendee Name: Matthew Bahr

Preferred First Name for Badge: Matt

Phone: \_\_\_\_\_

Attendee Email: 15.243(1)(a)@gmail.com

*(Plan Administrators: please do not use your email address, individual's email is required)*

#### 2. ATTENDEE SURVEY:

- I am a first time MAPERS attendee.
- I am a Plan Administrator and will attend the Administrator's Workshop Breakfast on Monday, September 15th *(ribbon required for entry)*
- I require special meal. Please detail: \_\_\_\_\_

#### 3. GUEST: (BADGES MUST BE WORN AT ALL TIMES)

*(A guest is a spouse, family member, etc. NO BUSINESS ASSOCIATES PLEASE!)*

Guest Name: \_\_\_\_\_

#### 4. REGISTRATION FEES:

	BEFORE 8/1/25	8/1 - 9/12/25	On-Site
Plan/Affiliate Member.....	\$400	\$450	\$500
Corporate Member.....	\$550	\$600	\$650
*Plus Associate Membership Dues.....	\$750	\$800	\$850
Guest.....	\$75	\$75	\$100
Total Amount Due:.....	\$400.00		

\*Your firm's conference attendance is limited to the number of associate memberships which they have purchased. Substitutions of those listed may be made, however, firm attendees over this number must purchase an associate membership (annual dues \$200 Jan. 1 thru Dec. 31).

#### 5. PAYMENT:

Check  Credit Card: Visa, Mastercard, American Express, Discover

CC #: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Please make check payable to MAPERS and mail to: 525 E. Michigan Ave. #409, Saline, MI 48176.

**Cancellation Policy:** Should you be unable to attend for any reason, please inform us IN WRITING prior to August 29, 2025 and a full refund less a \$25 processing fee will be issued. No refunds or credits will be given for cancellations received after August 28, 2025. Substitutions of paid attendees may be made at any time. All refunds will be processed post-conference. Please email your cancellation request to [info@mapers.org](mailto:info@mapers.org).

### HOW TO REGISTER:

**On-line:** Log onto the MAPERS Website, [www.mapers.org](http://www.mapers.org), and choose "Events" then select "2025 Fall Conference Registration". You can either complete the form on-line and send it electronically to MAPERS (you must use a credit card to register on-line).

**By Fax:** Complete the registration form and indicate whether you are paying by credit card or check. Fax your completed registration form to: 734-944-1145

**By Mail:** Complete the registration form and indicate whether you are paying by credit card or check. Mail your completed registration form to: MAPERS, 525 E. Michigan Ave., #409, Saline, MI 48176

We cannot accept telephone registrations. Your registration is not completed until payment has been received by MAPERS.

Once a completed registration form, accompanied by full payment, has been received, a confirmation letter will be emailed to you.

#### GUEST REGISTRATION:

(21 and over) \$75.00 per person prior to 9/12/25. Conference attendees are reminded that guests must be registered in order to attend any conference events. Unregistered guests will not be permitted entry into any meals, receptions, or evening activities. Registration fee includes breakfast Monday and Tuesday, networking receptions Saturday and Sunday evenings, tailgate party Sunday, and dinner and entertainment Monday. **Guest registration fee does not include lunch on Monday, September 15<sup>th</sup>**

#### CHILDREN:

Children (under 21) of paid conference attendees are welcome to join the group for breakfast on Monday and Tuesday at no charge. We request that children under 21 do not attend any other activities.

#### ATTIRE:

Business casual attire is appropriate for all MAPERS educational sessions and social functions. As the temperature is difficult to regulate in meeting rooms, we suggest dressing in layers.

On Sunday afternoon and Monday night we encourage attendees to proudly wear their team gear to represent their favorite NFL team!



## MAPERS 2025 FALL CONFERENCE

# REGISTRATION FORM

September 13-16, 2025 | Amway Grand Plaza Hotel | Grand Rapids, MI

### Deadline for Early Registration is August 1, 2025

#### 1. MEMBER BADGES: (PLEASE PRINT CLEARLY!)

Organization Name: City of Lansing

Attendee Name: SCOTT DEDIC

Preferred First Name for Badge: SCOTT

Phone: \_\_\_\_\_

Attendee Email: 15.243(1)(a) @uaw.net  
*(Plan Administrators: please do not use your email address, individual's email is required)*

#### 2. ATTENDEE SURVEY:

- I am a first time MAPERS attendee.
- I am a Plan Administrator and will attend the Administrator's Workshop Breakfast on Monday, September 15th. *(ribbon required for entry)*
- I require special meal. Please detail: \_\_\_\_\_

#### 3. GUEST: (BADGES MUST BE WORN AT ALL TIMES)

*(A guest is a spouse, family member, etc. NO BUSINESS ASSOCIATES PLEASE!)*

Guest Name: \_\_\_\_\_

#### 4. REGISTRATION FEES:

	Before 8/1/25	8/1 - 9/12/25	On-Site
Plan/Affiliate Member.....	\$400	\$450	\$500
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*Plus Associate Membership Dues.....	\$750	\$800	\$850
Guest.....	\$75	\$75	\$100
Total Amount Due:.....	\$ <u>400.00</u>		

\*Your firm's conference attendance is limited to the number of associate memberships which they have purchased. Substitutions of those listed may be made, however, firm attendees over this number must purchase an associate membership (annual dues \$200 Jan. 1 thru Dec. 31).

#### 5. PAYMENT:

Check  Credit Card: Visa, Mastercard, American Express, Discover

CC #: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Please make check payable to MAPERS and mail to: 525 E. Michigan Ave. #409, Saline, MI 48176.

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**On-line:** Log onto the MAPERS Website, [www.mapers.org](http://www.mapers.org), and choose "Events" then select "2025 Fall Conference Registration". You can either complete the form on-line and send it electronically to MAPERS (you must use a credit card to register on-line).

**By Fax:** Complete the registration form and indicate whether you are paying by credit card or check. Fax your completed registration form to: 734-944-1145

**By Mail:** Complete the registration form and indicate whether you are paying by credit card or check. Mail your completed registration form to: MAPERS, 525 E. Michigan Ave., #409, Saline, MI 48176

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## MAPERS 2025 FALL CONFERENCE

# REGISTRATION FORM

September 13-16, 2025 | Amway Grand Plaza Hotel | Grand Rapids, MI

### Deadline for Early Registration is August 1, 2025

#### 1. MEMBER BADGES: (PLEASE PRINT CLEARLY!)

Organization Name: City of Lansing

Attendee Name: Larry Ebright

Preferred First Name for Badge: Larry

Phone: \_\_\_\_\_

Attendee Email: 15.243(1)(a) @att.net  
*(Plan Administrators: please do not use your email address, individual's email is required)*

#### 2. ATTENDEE SURVEY:

- I am a first time MAPERS attendee.
- I am a Plan Administrator and will attend the Administrator's Workshop Breakfast on Monday, September 15th *(ribbon required for entry)*
- I require special meal. Please detail: \_\_\_\_\_

#### 3. GUEST: (BADGES MUST BE WORN AT ALL TIMES)

*(A guest is a spouse, family member, etc. NO BUSINESS ASSOCIATES PLEASE!)*

Guest Name: \_\_\_\_\_

#### 4. REGISTRATION FEES:

	Before 8/1/25	8/1 - 9/12/25	Out-Site
Plan/Affiliate Member.....	\$400	\$450	\$500
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*Plus Associate Membership Dues.....	\$750	\$800	\$850
Guest.....	\$75	\$75	\$100
Total Amount Due:.....	\$400.00		

\*Your firm's conference attendance is limited to the number of associate memberships which they have purchased. Substitutions of those listed may be made, however, firm attendees over this number must purchase an associate membership (annual dues \$200 Jan. 1 thru Dec. 31).

#### 5. PAYMENT:

Check  Credit Card: Visa, Mastercard, American Express, Discover

CC #: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

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# MAPERS 2025 FALL CONFERENCE

# REGISTRATION FORM

September 13-16, 2025 | Amway Grand Plaza Hotel | Grand Rapids, MI

## Deadline for Early Registration is August 1, 2025

### 1. MEMBER BADGES: (PLEASE PRINT CLEARLY!)

Organization Name: City of Lansing

Attendee Name: Darren Kalis

Preferred First Name for Badge: Darren

Phone: \_\_\_\_\_

Attendee Email: 15.243(1)(a) @gmail.com

*(Plan Administrators: please do not use your email address, individual's email is required)*

### 2. ATTENDEE SURVEY:

- I am a first time MAPERS attendee.
- I am a Plan Administrator and will attend the Administrator's Workshop Breakfast on Monday, September 15th *(ribbon required for entry)*
- I require special meal. Please detail: \_\_\_\_\_

### 3. GUEST: (BADGES MUST BE WORN AT ALL TIMES)

*(A guest is a spouse, family member, etc. NO BUSINESS ASSOCIATES PLEASE!)*

Guest Name: \_\_\_\_\_

### 4. REGISTRATION FEES:

	Before 8/1/25	8/1 - 9/12/25	On-Site
Plan/Affiliate Member.....	\$400	\$450	\$500
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Check  Credit Card: Visa, Mastercard, American Express, Discover

CC #: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

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# MAPERS 2025 FALL CONFERENCE

# REGISTRATION FORM

September 13-16, 2025 | Amway Grand Plaza Hotel | Grand Rapids, MI

## Deadline for Early Registration is August 1, 2025

### 1. MEMBER BADGES: (PLEASE PRINT CLEARLY!)

Organization Name: City of Lansing

Attendee Name: Matthew KREFT

Preferred First Name for Badge: Matt

Phone: \_\_\_\_\_

Attendee Email: matthew.kreft@lansingmi.gov  
*(Plan Administrators: please do not use your email address, individual's email is required)*

### 2. ATTENDEE SURVEY:

- I am a first time MAPERS attendee.
- I am a Plan Administrator and will attend the Administrator's Workshop Breakfast on Monday, September 15th *(ribbon required for entry)*
- I require special meal. Please detail: \_\_\_\_\_

### 3. GUEST: (BADGES MUST BE WORN AT ALL TIMES)

(A guest is a spouse, family member, etc. NO BUSINESS ASSOCIATES PLEASE!)

Guest Name: \_\_\_\_\_

### 4. REGISTRATION FEES:

	Before 9/1/25	9/1 - 9/12/25	On-Site
Plan/Affiliate Member.....	\$400	\$450	\$500
Corporate Member.....	\$550	\$600	\$650
*Plus Associate Membership Dues.....	\$750	\$800	\$850
Guest.....	\$75	\$75	\$100
Total Amount Due:.....	\$ <u>400.00</u>		

\*Your firm's conference attendance is limited to the number of associate memberships which they have purchased. Substitutions of those listed may be made, however, firm attendees over this number must purchase an associate membership (annual dues \$200 Jan. 1 thru Dec. 31).

### 5. PAYMENT:

Check  Credit Card: Visa, Mastercard, American Express, Discover

CC #: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Please make check payable to MAPERS and mail to: 525 E. Michigan Ave. #409, Saline, MI 48176.

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## HOW TO REGISTER:

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**By Fax:** Complete the registration form and indicate whether you are paying by credit card or check. Fax your completed registration form to: 734-944-1145

**By Mail:** Complete the registration form and indicate whether you are paying by credit card or check. Mail your completed registration form to: MAPERS, 525 E. Michigan Ave., #409, Saline, MI 48176

We cannot accept telephone registrations. Your registration is not completed until payment has been received by MAPERS.

Once a completed registration form, accompanied by full payment, has been received, a confirmation letter will be emailed to you.

## GUEST REGISTRATION:

(21 and over) \$75.00 per person prior to 9/12/25. Conference attendees are reminded that guests must be registered in order to attend any conference events. Unregistered guests will not be permitted entry into any meals, receptions, or evening activities. Registration fee includes breakfast Monday and Tuesday, networking receptions Saturday and Sunday evenings, tailgate party Sunday, and dinner and entertainment Monday. Guest registration fee does not include lunch on Monday, September 15<sup>th</sup>

## CHILDREN:

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## ATTIRE:

Business casual attire is appropriate for all MAPERS educational sessions and social functions. As the temperature is difficult to regulate in meeting rooms, we suggest dressing in layers.

On Sunday afternoon and Monday night we encourage attendees to proudly wear their team gear to represent their favorite NFL team!



# MAPERS 2025 FALL CONFERENCE

# REGISTRATION FORM

September 13-16, 2025 | Amway Grand Plaza Hotel | Grand Rapids, MI

## Deadline for Early Registration is August 1, 2025

### 1. MEMBER BADGES: (PLEASE PRINT CLEARLY!)

Organization Name: City of Lansing

Attendee Name: Thomas Lindemann

Preferred First Name for Badge: Tom

Phone: \_\_\_\_\_

Attendee Email: thomas.lindemann@lansingmi.gov  
*(Plan Administrators: please do not use your email address, individual's email is required)*

### 2. ATTENDEE SURVEY:

- I am a first time MAPERS attendee.
- I am a Plan Administrator and will attend the Administrator's Workshop Breakfast on Monday, September 15th *(ribbon required for entry)*
- I require special meal. Please detail: \_\_\_\_\_

### 3. GUEST: (BADGES MUST BE WORN AT ALL TIMES)

*(A guest is a spouse, family member, etc. NO BUSINESS ASSOCIATES PLEASE!)*

Guest Name: \_\_\_\_\_

### 4. REGISTRATION FEES:

	BEFORE 8/1/25	8/1 - 9/12/25	ON-SITE
Plan/Affiliate Member.....	\$400	\$450	\$500
Corporate Member.....	\$550	\$600	\$650
*Plus Associate Membership Dues.....	\$750	\$800	\$850
Guest.....	\$75	\$75	\$100
Total Amount Due:.....	\$ _____		

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CC #: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

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## ATTIRE:

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## MAPERS 2025 FALL CONFERENCE

# REGISTRATION FORM

September 13-16, 2025 | Amway Grand Plaza Hotel | Grand Rapids, MI

### Deadline for Early Registration is August 1, 2025

#### 1. MEMBER BADGES: (PLEASE PRINT CLEARLY!)

Organization Name: City of Lansing

Attendee Name: Justin Moore

Preferred First Name for Badge: Justin

Phone: \_\_\_\_\_

Attendee Email: Justin.moore@lansingmi.gov  
*(Plan Administrators: please do not use your email address, individual's email is required)*

#### 2. ATTENDEE SURVEY:

- I am a first time MAPERS attendee.
- I am a Plan Administrator and will attend the Administrator's Workshop Breakfast on Monday, September 15th *(ribbon required for entry)*
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#### 3. GUEST: (BADGES MUST BE WORN AT ALL TIMES)

(A guest is a spouse, family member, etc. NO BUSINESS ASSOCIATES PLEASE!)

Guest Name: \_\_\_\_\_

#### 4. REGISTRATION FEES:

	Before 8/1/25	8/1 - 9/12/25	On-Site
Plan/Affiliate Member.....	\$400	\$450	\$500
Corporate Member.....	\$550	\$600	\$650
*Plus Associate Membership Dues.....	\$750	\$800	\$850
Guest.....	\$75	\$75	\$100
Total Amount Due:.....	\$ <u>400.00</u>		

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Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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### ATTIRE:

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# REGISTRATION FORM

September 13-16, 2025 | Amway Grand Plaza Hotel | Grand Rapids, MI

## Deadline for Early Registration is August 1, 2025

### 1. MEMBER BADGES: (PLEASE PRINT CLEARLY!)

Organization Name: City of Lansing

Attendee Name: Christopher Wilcox

Preferred First Name for Badge: Chris

Phone: \_\_\_\_\_

Attendee Email: Christopher.wilcox@lansingmi.gov  
*(Plan Administrators: please do not use your email address, individual's email is required)*

### 2. ATTENDEE SURVEY:

- I am a first time MAPERS attendee.
- I am a Plan Administrator and will attend the Administrator's Workshop Breakfast on Monday, September 15th *(ribbon required for entry)*
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### 3. GUEST: (BADGES MUST BE WORN AT ALL TIMES)

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Guest Name: \_\_\_\_\_

### 4. REGISTRATION FEES:

	Before 8/1/25	8/1-8/31/25	On-Site
Plan/Affiliate Member.....	\$400	\$450	\$500
Corporate Member.....	\$550	\$600	\$650
*Plus Associate Membership Dues.....	\$750	\$800	\$850
Guest.....	\$75	\$75	\$100
Total Amount Due.....	\$400.00		

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Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Please make check payable to MAPERS and mail to: 525 E. Michigan Ave. #402, Saline, MI 48176.

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# REGISTRATION FORM

September 13-16, 2025 | Amway Grand Plaza Hotel | Grand Rapids, MI

## Deadline for Early Registration is August 1, 2025

### 1. MEMBER BADGES: (PLEASE PRINT CLEARLY!)

Organization Name: City of Lansing

Attendee Name: ERIC Wohlfert

Preferred First Name for Badge: ERIC

Phone: \_\_\_\_\_

Attendee Email: eric.wohlfert@lansingmi.gov

*(Plan Administrators: please do not use your email address. Individual's email is required)*

### 2. ATTENDEE SURVEY:

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- I am a Plan Administrator and will attend the Administrator's Workshop Breakfast on Monday, September 15th. *(ribbon required for entry)*
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Guest Name: \_\_\_\_\_

### 4. REGISTRATION FEES:

	REG. FEE	PLAN FEE	Sub Fee
Plan/Affiliate Member	\$400	\$450	\$500
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Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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# Redaction Log

Total Number of Redactions in Document: 9

## Redaction Reasons by Page

Page	Reason	Description	Occurrences
2	15.243(1)(a)	(4)(a) Information of a personal nature if public disclosure of the information would constitute a clearly unwarranted invasion of an individual's privacy	1
4	15.243(1)(a)	(4)(a) Information of a personal nature if public disclosure of the information would constitute a clearly unwarranted invasion of an individual's privacy	1
7	15.243(1)(a)	(4)(a) Information of a personal nature if public disclosure of the information would constitute a clearly unwarranted invasion of an individual's privacy	2
10	15.243(1)(a)	(4)(a) Information of a personal nature if public disclosure of the information would constitute a clearly unwarranted invasion of an individual's privacy	1
11	15.243(1)(a)	(4)(a) Information of a personal nature if public disclosure of the information would constitute a clearly unwarranted invasion of an individual's privacy	1
12	15.243(1)(a)	(4)(a) Information of a personal nature if public disclosure of the information would constitute a clearly unwarranted invasion of an individual's privacy	1
13	15.243(1)(a)	(4)(a) Information of a personal nature if public disclosure of the information would constitute a clearly unwarranted invasion of an individual's privacy	1
14	15.243(1)(a)	(4)(a) Information of a personal nature if public disclosure of the information would constitute a clearly unwarranted invasion of an individual's privacy	1

# Redaction Log

## Redaction Reasons by Exemption

Reason	Description	Pages (Count)
15.243(1)(a)	(4)(a) Information of a personal nature if public disclosure of the information would constitute a clearly unwarranted invasion of an individual's privacy	2(1) 4(1) 7(2) 10(1) 11(1) 12(1) 13(1) 14(1)