Registration Form

55th MSC Annual Meeting • September 29 - October 1, 2026

The Westin New Orleans • New Orleans, LA

(Please print clearly in block letters and photocopy for additional registrants)

Name: _____ Nickname for Badge: _____

Spouse (if attending): _____ Spouse's Nickname: _____

Company or Affiliation: _____

Street Address: _____

City, State, Country & Postal Code: _____

Phone #: _____ E-mail: _____

*** * * Please Submit Individual Forms for Each Additional Company Representative * * ***

Registration & Activity Fees

	Postmarked by September 4	Postmarked after September 4	Amount Due
Annual Meeting Registration			
Member: Company Representative	$499	$599	Yourself $ _____
First-Time Non-member	$499	$599	
Non-member	$850	$950	
Spouse Registration (Member or Non-member)	$125	$125	Spouse $ _____
Grand Total (Pay this amount)			Grand Total $ _____

General Registration Information:

- Member and first-time non-member registration fees postmarked on or before **September 4, 2026**, will receive the early meeting registration discount.
- All advance registrations must be accompanied by the appropriate registration fees to be eligible for the registration discount.
- Registration fees cover attendance for all meetings, receptions, and coffee breaks. Lodging and recreational activities are not included in the registration fees.
- Non-member companies are welcome to attend the meeting and all functions. Non-members may attend one Council meeting as a first-timer at member rates and a second meeting at non-member registration rates. Attendance at additional meetings is by special invitation. Non-member spouses are invited to attend the program at member spouse rates at all times.
- **Cancellations & Refunds:** Cancellations must be received in writing at the MSC office by **September 10, 2026** and will be subject to a cancellation fee of 25%, which will be deducted from the refund. No refund will be made for cancellations received after **September 10, 2026**.

Credit Card Payment Option

Card Type: ◯ VISA ◯ MC ◯ AmEx

Card No.:_____

Name On Card:_____

Exp Date:_____ CVV Code: _____

Billing Zip Code: _____

Signature: _____

SEND COMPLETED REGISTRATION FORM WITH PAYMENT TO:

meetings@mulchandsoilcouncil.org

MSC • 7809 N. FM 179 • Shallowater, TX 79363

Tel: (806) 832-1810 • Web: www.mulchandsoilcouncil.org