



MSA Session Recordings Order Form

Pre-order begins March 12, 2014. Orders will be fulfilled starting on May 1, 2014.

Name: _____

Company: _____

Email: _____

(All orders will be sent electronically to this email address.)

SEND ORDERS TO:
FAX: (215) 564-2175
MAIL: 100 N. 20th Street
Suite 400
Philadelphia, PA 19103

1. Select the Number of Session Recordings.

	2014 Conference Attendee	MSA Member Non-Conference Attendee	Non-MSA Member
Complete Package	<input type="checkbox"/> \$270	<input type="checkbox"/> \$285	<input type="checkbox"/> \$300
À La Carte (price per session)	<input type="checkbox"/> \$45	<input type="checkbox"/> \$45	<input type="checkbox"/> \$45

2. Pick Your Sessions. The complete package will include all sessions below. Please select based on the number you wish to order.

- | | |
|---|--|
| <input type="checkbox"/> Creating a Comprehensive Business Plan | <input type="checkbox"/> Pricing Strategies for Maximizing Profits |
| <input type="checkbox"/> Copyright Considerations | <input type="checkbox"/> A "Bookish" Conversation |
| <input type="checkbox"/> Aligning the Museum Store and CFO Office | <input type="checkbox"/> Retailers as Storytellers |
| <input type="checkbox"/> More Than a \$1: Benefits of Engaging With Kids in Museum Stores | <input type="checkbox"/> So, You Think You Know UBIT? |
| <input type="checkbox"/> I'm a Fan of Following: Facebook & Pinterest Optimization | <input type="checkbox"/> Leaving the Nest (Temporarily) |
| <input type="checkbox"/> Sourcing Locally: Pluses, Minuses—and Methods! | |

3. Payment Method

Complete TOTAL = \$ _____

À La Carte Total: Number of Sessions _____ x _____ TOTAL = \$ _____

SUBTOTAL = \$ _____

Apply Discount. If you have a coupon for the Complete Package please indicate value of coupon. A copy of the coupon must be included with the order form for the discount to be applied. \$ _____

TOTAL DUE \$ _____

- Check (enclosed, in U.S. dollars, payable to MSA) Check #: _____
- Visa MasterCard American Express
- Card No. _____ Exp. Date _____

Name as it appears on card (required): _____

Signature: _____

Office Use Only:
 Date Received _____
 iMIS ID: _____
 Cash Credit Card
 Check #
 Entered