



**2017 Minnesota Stars of Life Program
Tuesday, March 14, 2017
Nomination Form**

Deadline February 7, 2017

Host EMS Service _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Stars Name _____

*** Please spell the employee name exactly as it should appear for printed materials.*

Please copy this form if you are sponsoring multiple Stars

Spouse, Guest, or Host name(s) who will attend with this Star:

Name _____ (Spouse, Guest, Host – circle one)

Name _____ (Spouse, Guest, Host – circle one)

Star Registration Fee:	\$125	x Number of Stars _____	= \$ _____
Host Registration Fee	\$75	x Number of Hosts _____	= \$ _____
Spouse, Guest Banquet Fee	\$50	x Number of Guests _____	= \$ _____
Total Enclosed			\$ _____

**Stars registration fee includes all official events, awards certificate, recognition medallion, Stars photo directory, breakfast and lunch banquet.*

**Host fee includes all official events, breakfast and lunch banquet.*

**Spouse/Guest fee includes the lunch banquet.*

_____ Press Release _____

Please list your local newspaper in this section if you would like the MAA to send a press release