**Minnesota State Assembly of the**

**Association of Surgical Technologists**

**Delegate/Alternate Agreement**

Having been duly elected by the Minnesota State Assembly of the Association of Surgical Technologists, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to represent the MN State Assembly as a(n) **Delegate/Alternate** at the National Conference of the Association of Surgical Technologists to be held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The State Assembly agrees to provide financial assistance, if available, a(n) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ stipend up to the amount of $\_\_\_\_\_\_\_\_\_\_\_\_. Funds will be **reimbursed once the required expense receipts are submitted** one-week post-Conference and reviewed by two or more executive MNSA officers. In exchange for the stipend reimbursement, I consent to attend and participate in all the following functions while at the National AST Conference:

1. **Opening Ceremony**
2. **All Business Sessions**
3. **Candidates Forum**
4. **Delegate Discussion following the Candidates Forum**
5. **Voting (Delegates Only / Alternates nearby)**
6. **All Delegates will sit in the designated area preassigned by Nationals.**
7. **Write a summary to be submitted electronically to the MNSA Treasurer or MNSA President at** **mnast2016@outlook.com** **within one-week post-Conference.**
8. **Required expense receipts for: hotel, airfare, one checked bag to and from, Conference Registration Fee(s), transportation to and from the hotel, to be scanned and submitted electronically to the MNSA Treasurer or MNSA President at** **mnast2016@outlook.com** **within one-week post-Conference. Reimbursement will not exceed the agreed upon amount in the contract.**

I understand that failure to abide by this agreement will entitle the MN State Assembly to deny any stipend reimbursement and will cause my disqualification to serve as Delegate/Alternate Delegate for the next two years.

AST Member Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_