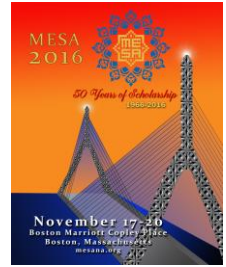




RELEASE for 2016 CHILD-CARE SERVICES

MESA does not provide on-site child care, however, registered MESA attendees can hire a local service or family member to care for their children during the Annual Meeting and MESA will reimburse up to \$200 of the expenses.



Provided below is information for 2 local in-room child care providers. MESA is simply offering this info as a convenience and makes no representation as to the honesty, reliability or competence of any child care provider and disclaims all responsibility for the actions of any such provider.

Boston's Best Babysitters
617-455-7171
www.bostonsbestbabysitters.com
inquiry@bbbabysitters.com

- 3-hr daily minimum
- Parents can choose provider from online list of profiles
- 1-3 children \$100 3-hr minimum, \$20/hr thereafter
- 4-6 children \$115 3-hr minimum, \$25/hr thereafter
- multi-day discounts available

Summer Sitters
617-595-6894
www.SummerSitters.com
inquiry@bbbabysitters.com

- 1-3 children, \$25/hr (3-hr minimum)
- 4+ children \$30/hr (3-hr minimum)

RELEASE

This release must be completed and returned to the MESA Secretariat by **December 31, 2016**, along with any receipts for which you are requesting reimbursement. Note: If you choose to have a friend or family member care for your child(ren), please have them complete the attached receipt.

Upon using the above service, a different service, or a family member/friend, I agree to release MESA, including its Board of Directors and staff, from any liability arising from use of such providers.

Signature	Date	
Name: (Please Print)		
Address:		
City	State	Zip
Email		

Please fax completed release & supporting receipts to 520-626-9095, email to rose@mesana.org, or send via postal service to:

Rose Veneklasen
Middle East Studies Association
University of Arizona
1219 N Santa Rita
Tucson, AZ 85721

MESA Childcare Receipt

Payment of \$_____ has been received from (Parent's Name) _____
for child care services provided during Middle East Studies Association's (MESA) annual
meeting on the following Dates of Service: _____

Name of child care provider

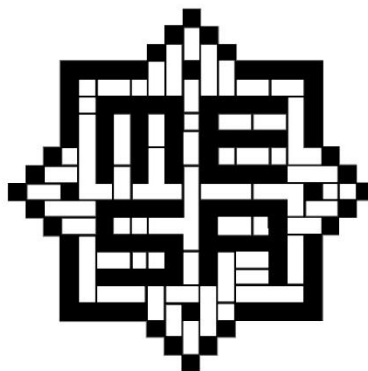
Address

Phone

Email

Signature of Provider

Date



For office use only
Registered? Y/ N
Waiver rec'd? Y/ N