

MML Fall Conference Registration Form - October 13-15, 2016

Please print or type: use a separate form for each person

Name _____

Name on Badge (if different) _____

Spouse or Companion (if attending) _____

Title _____

Municipality/Agency/Company _____

Mailing Address _____

City _____ State _____ Zip _____ Phone (_____) _____

E-mail _____

Save \$50 on registration fees by registering on-line at www.mdmunicipal.org/fallconference

Postmark by Sept. 16 Sept. 17-30 Amount

3-DAY REGISTRATION PACKAGE Includes 3 day registration for entire conference, all workshops, two breakfasts, all refreshment breaks, Thursday night welcome reception & Friday lunch.

| | | | |
|---------------------------|-------|-------|-------|
| Municipal Official | \$420 | \$460 | _____ |
| Other Registrant | \$465 | \$505 | _____ |

1-DAY REGISTRATION

Municipal Official – Choose One:

| | | | |
|--|-------|-------|-------|
| _____ Thursday (includes workshops, break & welcome reception) | \$300 | \$325 | _____ |
| _____ Friday (includes breakfast, workshops, break & lunch) | \$350 | \$380 | _____ |
| _____ Saturday (includes breakfast & workshop) | \$150 | \$175 | _____ |

Other Registrant – Choose One:

| | | | |
|--|-------|-------|-------|
| _____ Thursday (includes workshops, break & welcome reception) | \$330 | \$360 | _____ |
| _____ Friday (includes breakfast, workshops, break & lunch) | \$385 | \$420 | _____ |
| _____ Saturday (includes breakfast & workshop) | \$180 | \$220 | _____ |

FRIDAY NIGHT DINNER TICKET(S)

| | | | |
|-------------------------|------|------|-------|
| Number of tickets _____ | \$50 | \$52 | _____ |
|-------------------------|------|------|-------|

ADDITIONAL FRIDAY LUNCH TICKET(S)

| | | | |
|-------------------------|------|------|-------|
| Number of tickets _____ | \$30 | \$32 | _____ |
|-------------------------|------|------|-------|

TOTAL: _____


Method of Payment: Check enclosed payable to Maryland Municipal League MasterCard/VISA/Discover/AmEx

Card Number _____ Expiration Date _____

Print Name as it Appears on Card _____ 3 digit code _____

Card Holder's Signature _____

Cardholder's Telephone Number (_____) _____

| | | |
|---|--|---|
|  | If you have special needs, including dietary, please attach a separate sheet describing your requirements. | Effective October 1, higher on-site registration fees will apply. |
|---|--|---|

Return to: Maryland Municipal League, 1212 West Street, Annapolis, MD 21401

Changes & cancellation deadline (for refunds) October 5, 2016. Cancellation fee \$75.00. After October 5, 2015 no money will be refunded.