

MML Fall Conference Registration Form • October 13-15, 2019

Please print or type; use a separate form for each person.

Name _____ Name on Badge (if different) _____

Title _____

Municipality/Agency/Company _____

Mailing Address _____

City _____ State _____ Zip _____ Phone (____) _____

E-mail _____ Spouse or Companion (if attending) _____

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

	Postmark by Sept. 13	Sept. 14 - 27	Amount
FULL REGISTRATION PACKAGE			
<i>Includes registration for entire conference: workshops, forums, refreshment breaks, and includes one (1) ticket for Monday boxed lunch, Monday Reception, Tuesday breakfast, and lunch. Does <u>NOT</u> include dinner or Academy Graduate Class** Spouse/Companion registrants must purchase meal tickets for all functions</i>			
City/Town Official/Employee	\$480	\$525	_____
Other – Non-City/Town Official/Employee	\$525	\$570	_____

1-DAY REGISTRATION

City/Town Official/Employee – Choose One:

_____ Monday (includes workshops, breaks, box lunch & reception) \$340 \$385 _____

_____ Tuesday (includes breakfast, workshops, breaks & lunch) \$395 \$440 _____

Other – Non-City/Town Official/Employee - Choose One:

_____ Monday (includes workshops, breaks, box lunch & reception) \$370 \$400 _____

_____ Tuesday (includes breakfast, workshops, breaks & lunch) \$435 \$465 _____

****MONDAY NIGHT DINNER TICKET(S) – NOT INCLUDED IN DAILY OR FULL REGISTRATION**

Number of tickets _____ \$ 72 \$ 75 _____

OPTIONAL ITEMS:

ADDITIONAL MONDAY BOXED LUNCH TICKET(S) \$28 \$31 _____
 Number of tickets _____

ADDITIONAL MONDAY NIGHT RECEPTION TICKET(S) \$55 \$60 _____
 Number of tickets _____

ADDITIONAL TUESDAY BREAKFAST TICKET(S) \$30 \$35 _____
 Number of tickets _____

ADDITIONAL TUESDAY LUNCH TICKET(S) \$46 \$50 _____
 Number of tickets _____

****ACADEMY GRADUATE TRAINING (Sunday) – GRADUATES ONLY!**

_____ Conference Registrant \$50 \$65 _____

_____ Non-Registrant (Graduation Class Attendee Only) \$85 \$100 _____

TOTAL: _____

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

Card Number _____ Exp. Date _____

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

Card Holder's Signature _____

Card Holder's Telephone Number (____) _____



If you have special needs, including dietary, please attach a separate sheet describing your requirements.

Effective September 28, higher on-site registration fees will apply.