



# MAACCE 2015 Annual Conference May 7-8, 2015 Registration and/or Membership Form



**Name:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ Work / Home / Cell

**MAACCE Membership (\$35.00):** (check one)  **New**  **Renewal**  
 (The membership year begins with the annual conference and continues through the day before the next year's annual conference) **How many years have you been a member?** \_\_\_\_\_

**MAACCE 2015 Annual Conference @ North Baltimore Plaza Hotel,**  
 2004 Greenspring Drive, Timonium, MD 21093

<b>REGISTRATION FEES:</b> (Postmarked by date shown)	<b>Early</b> <b>(3/20/15)</b>	<b>Regular</b> <b>(4/11/15)</b>	<b>Late</b> <b>(after 4/11/15)</b>
<b>Full Conference:</b>			
<i>Member*</i>	<input type="checkbox"/> \$135	<input type="checkbox"/> \$155	<input type="checkbox"/> \$175
<i>Nonmember</i>	<input type="checkbox"/> \$195	<input type="checkbox"/> \$215	<input type="checkbox"/> \$235
<i>Full-Time Student<sup>(new)</sup>**</i>	<input type="checkbox"/> \$75		
<b>One Day:</b> <input type="checkbox"/> <b>May 7</b> or <input type="checkbox"/> <b>May 8</b>			
<i>Member</i>	<input type="checkbox"/> \$100	<input type="checkbox"/> \$115	<input type="checkbox"/> \$130
<i>Nonmember</i>	<input type="checkbox"/> \$140	<input type="checkbox"/> \$160	<input type="checkbox"/> \$170
<i>Full-Time Student<sup>(new)</sup>**</i>	<input type="checkbox"/> \$75		

**Meal Preference:**  Regular  Vegetarian  Kosher **Special Needs:** \_\_\_\_\_

Conference registration fees include all sessions, continental breakfast and lunch for day(s) registered.

<b>Payment</b>	Conference registration: \$ _____
<input type="checkbox"/> Membership/Conference Fee paid separately	Membership Dues: \$ _____
	<b>Total enclosed:</b> \$ _____

Payment Notes: \_\_\_\_\_

Check/money order payable to "MAACCE" (Federal tax ID 52-1355700).

Paypal payment/credit card is available on the website.

**Mail registration form and payment to:**

**MAACCE Conference Registration, P.O. Box 709, Leonardtown, MD 20650**

\*Conference Registration at the member rate will be held until membership verification.

\*\*Full-Time Student Rate will require proof of student status during registration check in.

MAACCE room rate of \$108 is available through 4/7/15; contact North Baltimore Plaza Hotel at (410) 252-7373.

**MAACCE Conference Refund Policy is located on the website ([www.maaccemd.org](http://www.maaccemd.org))**