

Department of Maryland 2017 Convention



Guest Registration Form

Name	
Detachment	
Guest of	
Name	
Detachment	
Guest of	
Name	
Detachment	
Guest of	
Name	
Detachment	
Guest of	
Name	
Detachment	
Guest of	

Number of Guest Attendees: _____ X \$10.00 = \$

(Includes Children)

Total Amount Enclosed \$ _____

ALL Delegates, Alternates and Associate Members SHALL be registered by their Detachment or Auxiliary Unit. The Detachment or Unit should pay for your Registration Fee. **

** Use this Form if you have not been registered by your Detachment or Unit.

DEADLINE: Friday – 28 April, 2017 (Postmarked no later than)

Checks Payable to: DEPT OF MD – MCL

Mail to: Department Paymaster Ed Dahling
493 Procopio Court
Millersville, MD 21108-1770

Phone: 410-987-5714
Email: umpire86@aol.com

This pre-registration form must be received in accordance with the deadline. It will make your check-in a lot quicker. Children must be registered to have access to the Hospitality Room.

Please complete and mail early.

THIS FORM MAY BE REPRODUCED AS NEEDED