

Department of Maryland 2019 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

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

DEADLINE: Friday – 26 April, 2019 (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 will make your check-in a lot quicker. Children must be registered to have access to the hospitality room. - **Please complete and mail early.**