



Attendee Information

Name: _____ Badge Name: _____

Title: _____ Company Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Registrant's Email: _____ Work Phone: _____ Fax: _____

Email address to send acknowledgement of registration form receipt: _____

Registration Fees

MSCA/MCAA Member	\$1,400	
Non-Member	\$3,000	

MSCA Registration & Housing Policy
Registration fee due at time of registration (all registration is on a first-come-first-serve basis – class size limited).

MSCA Cancellation & Refund Policy
No penalty for cancellation 30 days prior to program date. After that date, reimbursement will be dependent on the filling of your vacancy.

Program begins at 7:30 a.m. on Monday, February 11.
Please plan your arrival accordingly.

Registration Payment

Check (payable to MSCA) AMEX MC VISA

Account Number: _____ Expiration: _____

Cardholder Name: _____ Billing ZIP Code: _____

Signature: _____

Hotel Registration

Room Type	Room Rate	King Bed	2 Beds	
Standard Single/Double	\$174.00			

Arrival Date: _____ Departure Date: _____

Total Number of People: _____ Sharing with: _____

Do you have any special hotel requirements? _____

Please contact Sobeida Orantes, MSCA at 800-556-3653 if you require special accommodations to fully participate in this event.

Rooms at the Group Rate Are Subject to Availability

The hotel cut-off date is January 21, 2019. After this date, rates and room types may change. A deposit equal to the room and tax charge for one night's stay will be necessary to confirm your reservation. Reservations canceled within 72 hours of the day of arrival will result in forfeiture of deposit. All rates are subject to a 8.25% tax per room per night.

AMEX MC VISA

Account Number: _____ Expiration: _____

Cardholder Name: _____ Billing ZIP Code: _____

A credit card authorization form must be completed if charges are to be applied to this card and the card is not to be presented at check-in.

Signature: _____

Registration Made Easy:
 FAX your completed registration and hotel reservation forms to: (240) 238-7261
 OR Mail to MSCA, 1385 Piccard Drive, Rockville, MD 20850
 Questions or changes?
 Email Sobeida Orantes at saorantes@mcaa.org or call 800-556-3653

FOR OFFICE USE
 Payment: _____
 Database: _____
 Hotel: _____