



**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 Thursday, May 16.  
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 April 10, 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 13% 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](mailto:saorantes@mcaa.org) or call 800-556-3653

**FOR OFFICE USE**  
 Payment: \_\_\_\_\_  
 Database: \_\_\_\_\_  
 Hotel: \_\_\_\_\_