



MID-ATLANTIC ASSOCIATION FOR COURT MANAGEMENT
17th ANNUAL CONFERENCE
HERSHEY LODGE, Hershey, PA
SUNDAY, OCTOBER 3~ WEDNESDAY, OCTOBER 6, 2010

CONFERENCE REGISTRATION FORM
REGISTER ONLINE AT: WWW.MAACM.ORG

Please Print or Type

Prefix _____ First Name _____ MI _____ Last Name _____

Court/Organization _____

Title _____ Division/Unit _____

E-mail _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Fax (_____) _____

CONFERENCE FEES

IF YOU HAVE NOT PAID YOUR DUES FOR 2010, PLEASE ADD \$40 TO YOUR TOTAL AMOUNT DUE —NOTE MEMBERSHIP DUES COVER THE PERIOD 1/1/10 TO 12/31/10

FULL CONFERENCE REGISTRATION (10/3/10—10/6/10):

Member	\$200 (+\$50 after 9/17/10)	_____
Non-Member	\$250 (+\$50 after 9/17/10)	_____

DAILY RATE: YOU MAY NOT REGISTER FOR MORE THAN ONE DAILY SESSION

	Member	Non-Member	
Monday, October 4, 2010	\$100	\$125	_____
Tuesday, October 5, 2010	\$100	\$125	_____

Attendees of the Wed., Oct. 6 (8:30-2:30) MSU WORKSHOP “Managing Through Education & Training,” add separate **REGISTRATION FEE of \$25 (Includes lunch)**

INCLUDING 2010 DUES (\$40) _____

TOTAL AMOUNT DUE & ANY APPLICABLE GUEST FEES—(SEE BELOW): **TOTAL DUE:** _____

METHOD OF PAYMENT: (MEMBERS CAN LOG INTO WEB SITE ‘EVENTS’ TO REGISTER. RECEIVE MEMBER FEE, AND OPTION TO PAY BY CREDIT CARD)

CHECK # _____ VOUCHER # _____ INVOICE # _____ AS LISTED ON EMAIL CONFIRMATION GENERATED FROM WEB SITE

FEDERAL ID # 54-1701662

NOTE CANCELLATION POLICY: All requests for a refund of registration fees shall be made in writing and directed to the Treasurer (contact information noted below) for approval. Requests for refunds must be made ten (10) days prior to the event to receive a 100% refund. Requests for exceptions based on extenuating circumstances must be received within fifteen (15) days after the event.

Please indicate which functions listed below you plan to attend during the conference (admission included in registration fee for conference attendees). Guest fees per event are listed.

I plan to attend:	Attendee	Guest (Fee)
First-Time Attendees Reception (10/3)	<input type="checkbox"/>	
Vendor Reception (10/3)	<input type="checkbox"/>	<input type="checkbox"/> \$20
Continental Breakfast (10/4)	<input type="checkbox"/>	<input type="checkbox"/> \$12
Award Luncheon (10/4)	<input type="checkbox"/>	<input type="checkbox"/> \$24
Continental Breakfast (10/5)	<input type="checkbox"/>	<input type="checkbox"/> \$12
Vendor Luncheon (10/5)	<input type="checkbox"/>	<input type="checkbox"/> \$20
American Bandstand Dinner Dance (10/5)	<input type="checkbox"/>	<input type="checkbox"/> \$50
Closing Breakfast Buffet (10/6)	<input type="checkbox"/>	<input type="checkbox"/> \$22

Make checks payable to **MAACM and return with this form by **SEPT. 17** to:**

Liz Domingo, Trial Court Administrator
Union County Superior Court
2 Broad Street
Elizabeth, New Jersey 07207
908-659-4642
Liz.domingo@judiciary.state.nj.us
FAX: 908-659-4641