



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

**CONFERENCE REGISTRATION FORM**

REGISTER ONLINE AT: [WWW.MAACM.ORG](http://WWW.MAACM.ORG)

**MEMBERS LOG IN TO RECEIVE DISCOUNT AND OPTION TO PAY BY CREDIT CARD**

**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):**

<b>Member</b>	<b>\$200</b> (+\$50 after 9/3/10)	_____
<b>Non-Member</b>	<b>\$250</b> (+\$50 after 9/3/10)	_____

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

	<b>Member</b>	<b>Non-Member</b>	
<b>Monday, October 4, 2010</b>	<b>\$100</b>	<b>\$125</b>	_____
<b>Tuesday, October 5, 2010</b>	<b>\$100</b>	<b>\$125</b>	_____

**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. 3** 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**