

SUBMIT IN PERSON ONLY *Onsite Registration Form* SUBMIT IN PERSON ONLY

MACo 2011 Summer Conference August 17 – 20, 2011 Ocean City Convention Center

Name: _____ First MI Last Nickname: _____

Representing: _____

Job Title: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Tele: _____ Fax: _____

Email: _____

*Spouse Name: _____

PLEASE CHECK APPROPRIATE REGISTRATION FEE:

ON SITE: (DO NOT FAX OR MAIL THIS FORM)

COUNTY MEMBERS (ELECTED, APPOINTED OR HIRED)

- Full Registration *(includes all conference meetings and meal functions)* \$375
- *Spouse Registration *(Includes Exhibit Hall, 1 Reception & 1 Crab Feast)* \$185
- Thursday Meeting & Breaks only *(order meal tickets separately)* \$185
- Friday Meeting & Breaks only *(order meal tickets separately)* \$185
- Saturday Meeting & Breaks only *(order meal tickets separately)* \$130

OTHER GOVERNMENT (MUNICIPAL, STATE, FEDERAL EMPLOYEES)

- Full Registration *(includes all conference meetings and meal functions)* \$500
- *Spouse Registration *(Includes Exhibit Hall, 1 Reception & 1 Crab Feast)* \$215
- Thursday Meeting & Breaks only *(order meal tickets separately)* \$225
- Friday Meeting & Breaks only *(order meal tickets separately)* \$225
- Saturday Meeting & Breaks only *(order meal tickets separately)* \$150

COMMERCIAL (PROFIT & NON-PROFIT)

- Full Registration *(includes all conference meetings and meal functions)* \$640
- *Spouse Registration *(Includes Exhibit Hall, 1 Reception & 1 Crab Feast)* \$245
- Thursday Meeting & Breaks only *(order meal tickets separately)* \$235
- Friday Meeting & Breaks only *(order meal tickets separately)* \$235
- Saturday Meeting & Breaks only *(order meal tickets separately)* \$160

MEAL TICKETS

- Thursday Lunch \$25
- Thursday President's Reception - Adult \$55
- Thursday President's Reception - Under 21 years old \$20
- Friday Lunch \$25
- Friday Crab Feast - Adult \$65
- Friday Crab Feast - 11 - 17 years old \$20
- Friday Crab Feast - 10 & Under FREE

TOTAL PAID: \$ _____



PAYMENT METHOD: Check or Money Order payable to **MACo** or Check appropriate box at right: Check VISA MasterCard

Credit Card Number _____ Expiration Date: _____

Signature: _____

Print Cardholder Name: _____

MACo USE ONLY:

Date Paid _____ Check or PO Number _____ Amount _____