



2018 CONFERENCE REGISTRATION FORM

“Thriving in a Changing Workplace”

April 12 - 13, 2018
 DoubleTree by Hilton Hotel
 5485 Twin Knolls Road
 Columbia, Maryland 21045

Please complete a separate registration form for each person you are registering

PLEASE PRINT OR TYPE

NAME: _____ TITLE: _____
 PHONE: _____ CELL: _____ EMAIL: _____
 ORGANIZATION: _____ ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____

Registration Rates (Circle One)

	Early-Bird Rate Until March 5 <i>Save off the Standard Rate! Save when you register for the Full Conference</i>			Standard Rate March 6 - April 5 <i>Save when you register for the Full Conference</i>			Late/Onsite Rate April 6 - 11 <i>Save when you register for the Full Conference</i>		
	Student/ Retired Member	Member	Non- Member	Student/ Retired Member	Member	Non- Member	Student/ Retired Member	Member	Non- Member
Thursday EVENING - Networking and Cocktail Reception + Dinner + Keynote	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Thursday FULL DAY - PDI + Networking and Cocktail Reception + Dinner + Keynote	\$125	\$195	\$255	\$125	\$205	\$275	\$125	\$255	\$295
Friday FULL DAY - Workshops, Breakfast + Lunch	\$125	\$195	\$255	\$125	\$205	\$275	\$125	\$255	\$295
FULL CONFERENCE -Thursday PDI + Networking and Cocktail Reception + Dinner + Keynote & Friday Workshops, Breakfast & Lunch	\$200	\$375	\$495	\$200	\$385	\$525	\$200	\$485	\$565

Please indicate any special accommodations needed (request must be received by April 1): _____

Cancellation Policy: Requests to cancel your registration must be made no later than April 1, 2018 by emailing your request to Lisa Oliver at info.mcda@mdcareers.org. A \$25 cancellation fee will be applied. No refunds will be available after April 9.

Mail this form and payment to: MCDA c/o Lisa Oliver, PO Box 553, Mechanicsville, MD 20659. Make check or money order payable to MCDA, or insert credit card information below. If paying by credit card please circle card type, and complete the following:

Credit Card Type Visa MasterCard

Card Holder Name: _____ CV Security Code (on back): _____
 Credit Card Number: _____ Expiration date: _____
 Billing Address: _____
 _____ Card Holder Phone: _____

For more information, or to register online, visit www.mdcareers.org