# Annual Meeting 2018 Group Rate Application

**Contact Person for Form:**

**Name:** Click here to enter text.

**Phone:** Click here to enter text.

**Email:** Click here to enter text.

**Organization:** Click here to enter text.

**Mailing Address:** Click here to enter text.

**City:** Click here to enter text.

**State:** Click here to enter text. **Zip:** Click here to enter text.

## Attendee 1

**Name (first and last):** Click here to enter text.

**Title:** Click here to enter text.

**E-mail:** Click here to enter text.

**Phone:** Click here to enter text.

**Will you attend the Opening Reception from 6-8 pm on Thursday, Oct 17?**

Yes  No

**Will you attend the Coffey Award Reception from 6-7:45 pm on Thursday, Oct 18?**

Yes  No

**Please check which of the following events you will be attending:**

Thursday Breakfast (Held on-site)

Friday Breakfast (Held on-site)

Friday Business Luncheon (Held on-site)

**Any dietary restrictions and/or food allergies we should be aware of?**

Yes  If yes, please note: Click here to enter text.

No

**Please indicate whether you will be attending any of the following tours or events (Additional fee applies, no discount for tours)**

Alpha Row Academy Workshop (Free for members/nonmembers)

Baltimore National Heritage Area: Heritage Walk ($15 Member/ $25 Non-Member)

Fire Museum of Maryland Open House ($10 Member/$15 Non-Member)

Baltimore Museum of Industry and National Aquarium, Animal Care Center Dual Site Visit ($20 Member/$35 Non-Member)

Cornerstone Learning: “The Perfect Ask” ($15 Member/ $25 Non-member)

Walters Museum of Art Tour ($10 Member/$15 Non-member)

Network & Bowl with MAAM + NAME + NEMPN (EMP’s only) (Free for conference attendees/$10 for non-conference attendees)

Happy Hour at Case[werks]- Open to all professionals-Free for conference attendees /$10 non-conference attendees)

## Attendee 2

**Name (first and last):** Click here to enter text.

**Title:** Click here to enter text.

**E-mail:** Click here to enter text.

**Phone:** Click here to enter text.

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## Attendee 3

**Name (first and last):** Click here to enter text.

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## Attendee 4

**Name (first and last):** Click here to enter text.

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**Phone:** Click here to enter text.

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## Attendee 5

**Name (first and last):** Click here to enter text.

**Title:** Click here to enter text.

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**Phone:** Click here to enter text.

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I acknowledge that I will be charged $250 per MAAM Member OR $315 per Non-Member groups of 4 or more registering from a single institution. This total does not cover any additional fees for tours. I understand that these tours are an additional cost and receive no further discount other than my member discount (if applicable).

I acknowledge that cancellations for any person in this group abide by the same cancellation rules as listed on the MAAM website.

**I accept these terms by checking this box.**

**Method of Payment (Circle one)**

Check (Payable to the Mid-Atlantic Association of Museums)

OR pay by Card (See page 2)

**Method of Payment (cont.)**

Card Type: Click here to enter text.

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Security Code (three or four digits): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature for Card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_