



MDC Event Registration

Annual Meeting/Crab Feast

Name of Event

Name of Registrant

Firm/Company Name

Office Address

City

State

Zip

Office Phone (Direct Dial)

FAX

E-mail Address

Member

Non-Member

Amount Enclosed: \$ _____

Please complete this form and mail it with your check payable to Maryland Defense Counsel, Inc. to:



Kathleen Shemer
Maryland Defense Counsel, Inc.
1218 Broadway Rd.
Lutherville, MD 21093

For further information call 410-560-3895 or e-mail kshemer@mddefensecounsel.org