



## MDC Event Registration

\_\_\_\_\_  
*Name of Event*

\_\_\_\_\_  
*Name of Registrant*

\_\_\_\_\_  
*Firm/Company Name*

\_\_\_\_\_  
*Office Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Office Phone (Direct Dial)*

\_\_\_\_\_  
*FAX*

\_\_\_\_\_  
*E-mail Address*

*Number of Member Attendees:* \_\_\_\_\_

*Number of Non-Member Attendees:* \_\_\_\_\_

\_\_\_\_\_  
*Additional Attendee Names and Email Addresses*

*Amount Enclosed: \$* \_\_\_\_\_

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

**Maryland Defense Counsel, Inc.**

**P.O. Box 575**

**Riderwood, MD 21139**

*For further information e-mail [ed@mddefensecounsel.org](mailto:ed@mddefensecounsel.org)*