



## 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.**

**2606 Smallwood Drive**

**Abingdon, MD 21009**

**Phone 443-243-1865**

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