



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.
500 East Pratt Street
Suite 600
Baltimore, MD 21202-3173

For further information e-mail ed@mddefensecounsel.org