



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.
6535 N. Charles Street
Suite 220
Baltimore, MD 21204**

For further information e-mail ed@mddefensecounsel.org