



MARYLAND JOINT CHILD SUPPORT COUNCIL

**Annual Conference and Training Seminar
The Conference Center at the Maritime Institute**

Linthicum Heights, MD

OCTOBER 15-17, 2018

REGISTRATION FORM

(please type or print neatly)

NAME: _____

Indicate how you want your name to appear on name badge, if different from above:

ORGANIZATION: _____

(Include County)

MAILING

ADDRESS: _____

DIRECT TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

***A welcome reception will be held on Monday, October 15th from 6:00pm to 8:00pm.

Please indicate here if you will attend: Yes _____ No _____

Please check one which describes the office you are associated with:

CSEA ___ OCSE ___ SAO ___ Sheriff ___ Clerk of Court ___ Judiciary ___

Other: _____

FEE: \$175.00

MAKE CHECK PAYABLE TO "MJCSC" AND MAIL TO:

**MJCSC
Conference Registrar
P.O. Box 17
Annapolis, Maryland 21404**

FEE INCLUDES MEMBERSHIP DUES TO MJCSC FOR ONE YEAR. MJCSC WILL NOT HONOR ANY REQUESTS FOR REFUNDS OF REGISTRATION FEES/MEMBERSHIP DUES.

*****Registration requests will not be accepted after September 14, 2018.**

MJCSC USE ONLY (do not write below this line)

Received on _____

Check # _____ Dated _____ Amount _____