

Maryland Joint Child Support Council
28th Annual Conference and Training Seminar
OCTOBER 12-15, 2010
REGISTRATION FORM
(PLEASE TYPE OR PRINT NEATLY)

NAME: _____

INDICATE HOW YOU WANT YOUR NAME TO APPEAR ON NAME BADGE, IF DIFFERENT FROM ABOVE:

TITLE: _____

ORGANIZATION: _____
(Include County)

MAILING ADDRESS: _____

_____ ZIP CODE: _____

YOUR DIRECT TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

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

CSEA _____ OCSE _____ SAO _____ Sheriff _____ Clerk of Court _____ Judiciary _____ Other _____

FEE: \$150.00 - MAKE CHECK PAYABLE TO "MJCSC" AND MAIL TO:

MJCSC
CONFERENCE REGISTRAR
P.O. Box 254
Lutherville, Maryland 21094

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

Conference registration forms must be received no later than September 15, 2010 to be eligible for the \$150.00 registration fee. The registration fee, after that date, will be \$175.00. In addition, if you wait to register at the conference, MJCSC will accept CASH, MONEY ORDERS OR GOVERNMENT AGENCY CHECKS ONLY. All onsite registrations will be \$175.00

MJCSC USE ONLY (do not write below this line)

Received on _____

Check # _____ Dated _____ Amount _____