



Mid-Atlantic District

Contest & Convention Registration Form



Name _____ eMail _____

Billing Address _____

City _____ State _____ ZIP _____ Phone _____

Quartet _____ Chapter _____

- Registrations WILL NOT BE MAILED!
- Pick up at the Registration Desk at the Convention
- NO COD or phone orders accepted!
- Payment for the full amount MUST accompany this request – including ORDER FEE.
- EARLY BIRD DISCOUNT of \$5 expires **30 days** prior to each contest.
- Order on-line and pick your seats!

ORDER REGISTRATIONS:

On-line: **mad-registrations.org**

Mail: M-AD Registrations
9013 Hedgerow Way
Baltimore, MD 21236-1919

NO PHONE OR COD ORDERS!

DIVISION CONTESTS:	\$37 Early Bird / \$42	30 days and less prior to contest	<u>QUAN</u>	<u>\$ AMT</u>
Spring Convention – March 31 & April 1, 2017		Reading, PA	_____	\$ _____
Central Division Convention – April 28 & 29, 2017		Reading, PA	_____	\$ _____
Southern Division Convention – May 26 & 27, 2017		Hyatt Regency Hotel, Reston, VA	_____	\$ _____
Northern Division Convention – June 2 & 3, 2017		Crowne Plaza, Cherry Hill, NJ	_____	\$ _____

Single Event tickets available at the door

DISTRICT CONVENTIONS: (Single Event Unreserved seats available at the contest)

Fall Convention – September 15 & 16, 2017 Santander Performing Arts Center, Reading, PA

Santander Auditorium, Reading, PA	Premium Seats - \$47 (Before Aug 13) \$52	_____	\$ _____
	Regular Seats - \$37 (Before Aug 13) \$42	_____	\$ _____

Single Event tickets available at the door


TOTAL AMOUNT DUE \$ _____

[* Early Bird Discounts expire 30 days prior to each contest. FULL AMOUNT of registrations MUST accompany order and be postmarked prior to date to earn discount. List special requests on back of form.]

Cut off date for mail orders is 14 days, on-line 7 days, prior to each contest. After that, purchase on-site.

PAYMENT INFORMATION:

Check # _____ (Make payable to MID-ATLANTIC DISTRICT) Total _____

Credit Card: We accept  [Card holders name and address must appear at top]

Number: _____ - _____ - _____ - _____ Exp Date: ____/____ Security Code: _____

I authorize the Mid-Atlantic District to charge my credit card with amount indicated above: _____

Cardholder Signature