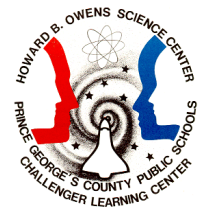


Middle Atlantic Planetarium Society
Conference Registration – Non Vendor Form
May 13-16, 2009



Due 4/03/09

Section 1 - Delegate Information

Name _____

Facility _____ Position _____

Address _____

City _____ State _____ Zip _____

Phone _____ ext _____ Fax _____

e-mail _____

Section 2 – Full Registration

Conference Fee	\$200.00	\$ _____
(Includes Wednesday reception, Thursday and Friday lunch, Friday banquet)		
Late Registration Fee	\$25.00	\$ _____
(pay if after April 3, 2009)		
Sub-total		\$ _____

Section 3 – Guests of members Meals

Name of Guest	_____	
Thursday lunch	\$20.00	\$ _____
Friday Lunch	\$20.00	\$ _____
Friday Banquet	\$40.00	\$ _____
Sub-total		\$ _____

Section 4 – Partial Conference Registration

Thursday only (includes lunch).	\$100.00	\$ _____
Friday only, (NO Banquet).	\$100.00	\$ _____
Friday Banquet	\$40.00	\$ _____
Sub-total		\$ _____

Section 5 – MAPS Dues

MAPS dues – \$25.00	\$ _____
(Pay only if NOT paid up through 2009)	
<u>Must be a member to attend.</u>	Sub Total \$ _____

MEMBER BENEFIT!

You will be receiving one MAPS golf shirt at this conference! Additional shirts will be available for purchase. Please specify your size (adult sizes):
 ___ S ___ M ___ L ___ XL ___ XXL

TOTAL

Sub-total section 2	+ \$ _____
Sub-total section 3	+ \$ _____
Sub-total section 4	+ \$ _____
Sub-total section 5	+ \$ _____
Total Fee	\$ _____

Please make check for the amount above payable to **MAPS**

Sorry NO credit cards or PO's

Meal Selection - Friday Banquet

- _____ Prime Rib of Beef
- _____ Chicken Picatta
- _____ Baked Salmon
- _____ Vegetarian

Please indicate if you have any special dietary needs.

Please mail this form and registration fee to:

Patty Seaton – MAPS 2009
 Howard B. Owens Science Center
 9601 Greenbelt Road
 Lanham-Seabrook, MD 20706