

**Middle-Atlantic Planetarium Society Conference 2015**  
**Garden City, NY -- Wed-Sat, May 13-16 -- "Universal Knowledge"**  
**Conference Registration due April 15, 2015**

**Conference Attendee Information**

Company/Facility: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Check if applicable: ☐ 1st MAPS conference ☐ MAPS fellow

**Section 1: Full Conference Registration due April 15, 2015 (\$150/pp)**

(includes Wed reception, all meals Thurs & Fri, Sat breakfast and lunch) \$ \_\_\_\_\_

Check if applicable: ☒ ☐ registration included in Sponsorship \$ -

Late Registration Fee (\$40 Required after April 15, 2015) \$ \_\_\_\_\_

**sub-total Sec 1** \$ \_\_\_\_\_

**Section 2: Partial Conference Registration due April 15, 2015**

Thursday only (includes breakfast, lunch and dinner) \$75 \$ \_\_\_\_\_

Friday only (includes breakfast, lunch and banquet) \$95 \$ \_\_\_\_\_

Saturday only (includes breakfast and snack) \$40 \$ \_\_\_\_\_

Late Registration Fee (\$40 Required after April 15, 2015) \$ \_\_\_\_\_

**sub-total Sec 2** \$ \_\_\_\_\_

**Section 3: Maps Dues**

MAPS Dues (\$25/pp - pay only if NOT paid through 2015) \$ \_\_\_\_\_

**sub-total Sec 3** \$ \_\_\_\_\_

**Section 4: Guest (meals only, MAPS dues not required)**

Name of Guest: \_\_\_\_\_

Wednesday (evening reception) \$25 \$ \_\_\_\_\_

Thursday only (includes breakfast, lunch and dinner) \$50 \$ \_\_\_\_\_

Friday only (includes breakfast, lunch and banquet) \$70 \$ \_\_\_\_\_

Saturday only (includes breakfast and snack) \$15 \$ \_\_\_\_\_

**sub-total Sec 4** \$ \_\_\_\_\_

**Section 5: Subtotal of Sections 1-4**

Sub-total Section 1 \$ \_\_\_\_\_

Sub-total Section 2 \$ \_\_\_\_\_

Sub-total Section 3 \$ \_\_\_\_\_

Sub-total Section 4 \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

See other side

**Total Cost from Section 5:    \$**

**Mail check payable to MAPS with completed registration form to:**

Cradle of Aviation Museum  
c/o Kerri Kiker  
One Davis Avenue  
Garden City, NY 11530

**Friday Banquet selection:**

- ☐ Beef    ☐ Chicken    ☐ Seafood    ☐ Vegan  
☐ Please contact me about my dietary requirements

**I need a certificate of attendance**

- ☐ Yes    ☐ No

**All conference attendees should assume their contact information will be shared with and distributed to other attendees.**

- ☐ Check here to opt out of sharing your contact information

**Photo release statement**

**LEGAL NOTICE:**

All conference attendees should assume their contact information will be shared with and distributed to other attendees.

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