



Mid-Atlantic District

Contest & Convention Registration Form



Name _____ eMail _____

Billing Address _____

City _____ State _____ ZIP _____ Phone _____

Quartet _____ Chapter _____

<ul style="list-style-type: none"> • 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. • EARLY BIRD DISCOUNT of \$5 expires 30 days prior to each contest. • Order on-line and pick your seats! 	<p>ORDER REGISTRATIONS:</p> <p>On-line: MidAtlanticDistrict.com/Registrations</p> <p>Mail: M-AD Registrations 9013 Hedgerow Way Baltimore, MD 21236-1919</p> <p>NO PHONE OR COD ORDERS!</p>
---	--

DIVISION CONTESTS: \$37 Early Bird / \$42 30 days and less prior to contest QUAN \$ AMT

Spring Convention – April 6 & 7, 2018 Crowne Plaza, Reading, PA _____ \$ _____

Northern Division Convention – April 6 & 7, 2018 Reading, PA _____ \$ _____

Southern Division Convention – May 18 & 19, 2018 Hilton Hotel, Alexandria, VA _____ \$ _____

Central Division Convention – May 18 & 19, 2018 Hilton Hotel, Alexandria, VA _____ \$ _____

Single Event tickets available at the door

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

Fall Convention – October 5 & 6, 2018 Santander Performing Arts Center, Reading, PA

Santander Auditorium, Reading, PA Premium Seats - **\$47** (Before Aug 13) **\$52** Available after April 8

Regular Seats - **\$37** (Before Aug 13) **\$42** Available after April 8

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