



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.
- EARLY BIRD DISCOUNT of \$5 expires **30 days** prior to each contest.
- Order on-line and pick your seats!

ORDER REGISTRATIONS:

On-line:

MidAtlanticDistrict.com/Registrations

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 QUAN \$ AMT

Spring Convention – April 26 & 27, 2019 Miller Hall, Allentown, PA _____ \$ _____

Northern Division Convention – April 26 & 27, 2019 Miller Hall, Allentown, PA _____ \$ _____

Southern Division Convention – May 31 & June 1, 2019 Crowne Plaza, Baltimore, MD _____ \$ _____

Central Division Convention – May 17 & 18, 2019 Crowne Plaza, Wyomissing, PA _____ \$ _____

Fall Convention – October 4 & 5, 2019 Santander PACenter, 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.

Student/Child - <18 - \$0.00 with adult purchase. Order on-line or at the contest 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