

**MEETING NAME**  
**LOCATION \* STREET \* CITY, STATE #####**  
**DATES**

**Registration Form**

Date:

**(Please type or print clearly, and complete ALL items on this form)**

Please circle one: Dr.    Mr.    Mrs.    Ms.    Other: \_\_\_\_\_

Name (as you would like it  
to appear on the nametag)

Title

Agency (please indicate  
which state, local, or other  
agency)

Address

City

State

Zip

Business  
Phone

Fax

e-mail

Please check the days you will be attending the course:

- DATE  
- DATE

- DATE  
- DATE

**HOTEL INFORMATION:** A block of rooms has been reserved at the **HOTEL**. **PLEASE NOTE THAT YOU MUST CALL THE HOTEL** directly at **(###) ###-###** to reserve your sleeping rooms. **The cost of single/double room is \$##.00 plus ##% tax.** To get this rate, you need to make your reservations by **MONTH ##**. Please refer to **Mid-Atlantic Regional Air Management Association** when making your reservations.

Please check the nights you will be reserving a room with the hotel:

DATE

DATE

DATE

DATE

*Remember, it is your responsibility to make room reservations with the hotel.*

**REIMBURSEMENT REQUEST:** MARAMA will cover the cost of hotel plus tax for up to # room per MARAMA member agency. You will be responsible for all incidentals.

Please check here if you plan to be covered by MARAMA

**MEAL INFORMATION:** A light continental breakfast and beverage breaks will be provided. Lunch and dinner are on your own.

**REGISTRATION FEES:** There is no registration fee for this training.

**Please mail or fax this form to MARAMA by **MONTH ##, 200#.****

(Please keep a copy for your records.)

**MARAMA**

**711 W. 40th St., Ste. 312 ❖ Baltimore, MD 21211**

**Phone: (410) 467-0170 ❖ Fax: (410) 467-1737**

