



MDC Event Registration

Name of Event

Name of Registrant

Firm/Company Name

Office Address

City

State

Zip

Office Phone (Direct Dial)

FAX

E-mail Address

Member

Non-Member

Amount Enclosed: \$ _____

Please complete this form and mail it with your check payable to Maryland Defense Counsel, Inc. to:

Maryland Defense Counsel, Inc.

1218 Broadway Road

Lutherville, MD 21093

Phone 410-560-3895

For further information e-mail kshemer@mddefensecounsel.org