



Seminar attendance form

Company: _____

Designated Representative _____

Title: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Name's of attendee's _____

Checkmark amount of payment:

- | | |
|--|--|
| <input type="checkbox"/> Membership \$ 30.00 | <input type="checkbox"/> Website placement \$25.00 |
| <input type="checkbox"/> Seminar fee members \$90.00 | <input type="checkbox"/> Nonmembers \$110.00 |

Total \$ _____

Send completed application and check written out to MAPAC to:

MAPAC
P O Box 183
West Boylston, MA 01583