



ESTABLISHED 1946

M.U.D. Meeting Attendee Registration Form: January 29-31, 2012

Fax with CC info to: (914) 459-0542

or

Mail along with a check to:

M.U.D, Inc.
 c/o Parameds.com, Inc.
 P.O. Box 150243
 Kew Gardens, NY 11415

MUD Tax ID: 113491419

***Company Name:** _____

***Company Address:** _____

***Primary Contact Phone:** _____

Name of Attendee	Title	Email Address
* _____	_____	* _____
* _____	_____	* _____
* _____	_____	* _____
* _____	_____	* _____
* _____	_____	* _____

Check enclosed Amount: \$ _____

*** = required field**



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Credit Card- MC, Visa, American Express

*Card Number _____ *Expiration Date ____/____

*Exact Name as it appears on Card _____

*Billing Address on Card _____

*Security Code, (3 digits on the back for Visa/MC, 4 digits on front for AMEX) _____

Signature _____

WORKSHOP SELECTION

**Please circle the workshops you want to attend on each day.
Please select 2 workshops on both Monday and Tuesday.
Please also put a check mark in the box if you will be attending the
Gala Dinner Reception.**

Name of Attendee	Workshops Monday	Workshops Tuesday	Dinner
_____	1 2 3 4	1 2 3 4	<input type="checkbox"/>
_____	1 2 3 4	1 2 3 4	<input type="checkbox"/>
_____	1 2 3 4	1 2 3 4	<input type="checkbox"/>
_____	1 2 3 4	1 2 3 4	<input type="checkbox"/>
_____	1 2 3 4	1 2 3 4	<input type="checkbox"/>
_____	1 2 3 4	1 2 3 4	<input type="checkbox"/>

*** = required field**