PMCC HOTEL CONVENTION REGISTRATION

· ·	on, Maryland DAT dentify yourself with "I	-				
Phone: (410) 820-8	3333, Fax: (410) 820-	8436				
Name(s)						
Phone	(Fax)		Number in party		<u> </u>	
Address					<u></u>	
	State					
Arrival DateDepartu		e Date# of Nig		of Nights		
Handicap Accessibl	e Room Requested (Lim	ited Number ava	ilable, firs	t come first serve)		
Smoking	Non-Smoking	One King _	Γ	wo Doubles	<u></u>	
Credit Card (type) _	dit Card (type) (number)			(exp. Date)		
	2011 Ex					
Name						
Title of exhibit				# of pages		
Category: Post	al History Topic	al Gener	al			
Layout: Fran	nes requested l	leave in my binde	er	or lay out on table _		
Competitive	Non-competitive					
Each frame holds 10 receipt.	6 8.5x11 pages. Ten fran	mes will be avail	able. Fran	nes will be filled in orde	er of exhibit form	
	form to John Gallagher, 9, 2011). Please includ					