

REGISTRATION FORM

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Reservation Coordinator: _____

Phone: _____ Email: _____

| | Early Bird | After November 16, 2018 |
|-------------|-------------------|--------------------------------|
| Table of 10 | \$2,200 | \$2,400 |
| PMA Members | \$230 per person | \$260 per person |
| Non-members | \$270 per person | \$300 per person |

Attendee Information: Please include attendee name(s), email address(es) and company name(s) and circle dietary restrictions as applicable.

| | | | | | | | |
|-----------|-------|--------------|------------|-------|--------|-------------|-------|
| 1. _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Email | Company Name | Vegetarian | Vegan | Kosher | Gluten Free | |
| 2. _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Email | Company Name | Vegetarian | Vegan | Kosher | Gluten Free | |
| 3. _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Email | Company Name | Vegetarian | Vegan | Kosher | Gluten Free | |
| 4. _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Email | Company Name | Vegetarian | Vegan | Kosher | Gluten Free | |
| 5. _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Email | Company Name | Vegetarian | Vegan | Kosher | Gluten Free | |
| 6. _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Email | Company Name | Vegetarian | Vegan | Kosher | Gluten Free | |
| 7. _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Email | Company Name | Vegetarian | Vegan | Kosher | Gluten Free | |
| 8. _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Email | Company Name | Vegetarian | Vegan | Kosher | Gluten Free | |
| 9. _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Email | Company Name | Vegetarian | Vegan | Kosher | Gluten Free | |
| 10. _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Email | Company Name | Vegetarian | Vegan | Kosher | Gluten Free | |

Payment Enclosed: \$ _____

Payment Method: Credit Card Check

Number _____ Expiration _____ Security Code _____

HOLIDAY BALL RESERVATION POLICY

Cancellations must be made in writing by November 30, 2018. If you reserve and do not attend, you are liable for the reservation fee. You may substitute attendees if necessary.

RETURN RESERVATION FORM AND PAYMENT TO

PMA
7508 Wisconsin Ave., 4th Floor
Bethesda, MD 20814
info@pma-dc.org
301-907-9326 (fax)

MORE INFORMATION

Call 301-657-9200 or email events@pma-dc.org.