

# Regional Meeting REGISTRATION FORM

SMART 2017 Regional Meeting \* October 15-16, 2017 \* Royal Sonesta Harbor Court Hotel \* Baltimore, Maryland

*Please Type or Print information as you want it to appear on your badge.*

*Please use one form per registrant Please print clearly.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

## Registration Fees (check box below):

<b>Member Rates</b>		
Early Bird Rate - (before 8/15/17)	\$500	N/A
Regular Rate - (after 8/15/17)	\$600	

\*Registration fee covers cocktail reception on Sunday, 10/15; sessions, breakfast and lunch on Monday, 10/16. Hotel must be booked separately and is NOT included in the registration.

<b>Non-Member Rates **</b>		
Early Bird Rate - (before 8/15/17)	\$1,500	N/A
Regular Rate - (after 8/15/17)	\$1,600	

\*\*Non-Members who wish to attend must complete a SMART membership application along with the Regional Meeting registration form and pay the non-member rate.

\*\*Non- Members who join SMART within one week of the meeting will have the difference in cost applied toward their dues payment.

All registrations received after August 15, 2017 will be charged the regular registration rate. *Last day to pre-register is October 10, 2017.*  
 No on site registrations.

### Cancellation Policy:

All cancellations must be in writing. No refunds will be given after September 15, 2017.  
 Cancellations prior to September 15, 2017 will be charged a \$50 per person administrative fee.

## Special Requirements:

Please indicate any special needs that have or may require assistance (mobility, hearing, dietary, etc.)

We can only accommodate if we have prior knowledge.

☐Hearing ☐Vision ☐Mobility ☐Other: \_\_\_\_\_

☐Vegetarian ☐Gluten Free ☐Vegan ☐Dairy Free ☐Other: \_\_\_\_\_

*\*Please note some requirements may result in additional charges to the attendee.*

## Payment:

Payment method: ☐ Credit Card ☐ Check

Card Number: \_\_\_\_\_ CVV: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholders Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Cardholder Address (if different from address above): \_\_\_\_\_

Return to SMART via Fax at 410-569-3340 or e-mail at [SMARTinfo@kingmgmt.org](mailto:SMARTinfo@kingmgmt.org)

Questions? Call SMART at 443-640-1050