

**M.A.C.A. EVENT REGISTRATION FORM**  
**CSIA Inspection & Report Writing August 1, 2017**

**COMPANY INFORMATION**

Company Name:			
Street Address:			
City:	State:	Zip Code:	
Telephone #:	Fax #:		
E-mail:			
Owner's Name:			
Point of Contact <i>(If Different Than The Owner)</i> :			
<b>REGISTRANT'S INFORMATION</b> (as you would like it on the name tag)			<b>Specify: Owner or Employee</b>
1 <sup>st</sup> Attendee's Name:			
2 <sup>nd</sup> Attendee's Name:			
3 <sup>rd</sup> Attendee's Name:			
4 <sup>th</sup> Attendee's Name:			
5 <sup>th</sup> Attendee's Name:			
<b>TOTAL ATTENDEES:</b>			
<b>REGISTRATION RATES</b>			
First registrant	\$249.00		\$
Additional Registrants (from the same company)	\$199.00	X (# of registrants)_____	\$
MACA Member discount	\$50 per attendee	X (# of registrants)_____	Less \$
<b>TOTAL DUE:</b>			\$
Make Check Or Money Order To: <b>M.A.C.A.</b>			
PAYMENT TYPE: Credit Card (go to chimneysafety.org)    CHECK \$            .00            CHECK #: _____			
Notes: Registration does not include hotel nights but does include lunch.			
Signature:			

**Mail Or Fax Registration Form & Payment To:**  
**Mid-Atlantic Chimney Association**  
 c/o Black Goose Chimney Attn: Jim Bostaph  
 728 Blue Crab Road Suite D Newport News, VA 23606  
 (757) 596-2298 (Office) or (757) 596-1698 (Fax)  
[Jim@Blackgoose.com](mailto:Jim@Blackgoose.com)