

**M.A.C.A. EVENT REGISTRATION FORM 2023  
MACA BUSINESS SEMINAR**

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> :			
REGISTRANTS' INFORMATION (as you would like it on the name tag)			Specify: Owner or Employee
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>			
REGISTRATION RATES			
MACA Member Registrant	\$299		\$
Additional MACA Member Registrants (same company)	\$249	X (# of additional registrants) _____	\$
Non-Member Registrant	\$349 see below*		\$
*Submit a membership application, get member rate	\$50	Call Jim with questions. 757-596-2298	\$
<b>CHECK ONE:</b>	In person (    )	By Zoom/internet (    )	
<b>TOTAL DUE:</b>			\$
Make Check Or Money Order To: <b>M.A.C.A.</b>			
PAYMENT TYPE: Credit Card (go to <a href="http://chimneysafety.org">chimneysafety.org</a> )    CHECK    \$ _____ .00    CHECK #: _____			
Note: Registration does not include hotel nights but <b>includes lunch</b> .			
Hotel: Sheraton Rockville Hotel 920 King Farm Blvd. Rockville, MD 20850    1-240-912-8200			

***Mail Or Fax Registration Form & Payment To:***

Mid-Atlantic Chimney Association c/o Black Goose Chimney  
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)