

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 st Attendee's Name:			
2 nd Attendee's Name:			
TOTAL # ATTENDEES:			
REGISTRATION RATES			
MACA Member Registrant	\$359		\$
Non-Member Registrant	\$399 see below*		\$
*Submit a membership application, get member rate	\$50	Call Jim with questions. 757-596-2298	\$
TOTAL DUE:			\$
Make Check Or Money Order To: M.A.C.A.			
PAYMENT TYPE: Credit Card (go to chimneysafety.org) CHECK \$ _____ .00 CHECK #: _____			
Note: Registration does not include hotel nights but includes breakfast and lunch.			

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

M.A.C.A. EVENT REGISTRATION FORM 2025
MACA/CHUCK HALL BUSINESS SYMPOSIUM