

MAWNY 2019
April 28, 2019
Quality Inn & Suites, 8250 Park Road, Batavia, NY 14020

Registration Form

Advance Registration (until April 16th): **\$58 each**
Registration (after April 16th): **\$65 each**

(Please Print Clearly)

Name: _____

Stage Name (If you want it on your Convention badge: _____

Street Address: _____

City: _____ State/Prov: _____ ZIP/Postal Code: _____

Telephone: _____ (Cell) Telephone: _____ (Home)

Email Address: _____

Please list YOU and additional guests you are registering

- | | |
|----------------|-----------|
| (1) YOU: _____ | (4) _____ |
| (2) _____ | (5) _____ |
| (3) _____ | (6) _____ |

Registration Payment:

- **Advance Registration** (*Postmarked up to and including April 16th*)
 - \$58 per attendee x _____ (Total number of attendees listed above) \$ _____ US
- **Regular Registration** (*Postmarked after April 16th*)
 - \$65 per attendee x _____ (Total number of attendees listed above) \$ _____ US

Total Amount Enclosed: \$ _____ US

Full payment must accompany registration form. Make check payable in US Funds to **MAWNY**.

Mail payment & completed registration form (postmarked on or before April 16th) to:

Keith Randolph, 18 The Courtyards, Williamsville, NY 14221

PLEASE NOTE: NO REFUNDS AFTER APRIL 22ND

[] I cannot attend this year, but please keep me on the MAWNY email list.