



20<sup>th</sup> Annual Washington Conference  
May 14 - 16, 2018 • The Hilton Alexandria Old Town

## REGISTRATION FORM

REGISTRATION IS A NOMINAL \$70 FEE- ONE FORM PER PERSON

### PROVIDE ATTENDEE INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**SELECT REGISTRATION CATEGORY**  
*Registration is \$70 for both members and non members.*

AMCA Member       Non Member

### SUBMIT REGISTRATION FORM

Email: [amca@mosquito.org](mailto:amca@mosquito.org) Fax: 856.642.4420  
Mail: AMCA, 1120 Rt. 73, Suite 200, Mt. Laurel, NJ 08054

### PAYMENT INFORMATION

PLEASE CHARGE MY:  Check enclosed  American Express  Visa  Mastercard

Account No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code: \_\_\_\_\_

Print Name of Cardholder: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

**Please make checks payable to AMCA. Payment should be in US Dollars.**