

## 2020 MAPA Registration

Name: \_\_\_\_\_

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

\_\_\_\_\_

Is this home  or work  address

Phone number: \_\_\_\_\_

Employer: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you interested in attending the welcome reception Thursday evening?

YES

NO

MAYBE

Will you be staying at the host hotel?

YES

NO

MAYBE

Please indicate which days you will be attending:

Friday only

Saturday only

Both days

Registration Fees:

Single day - \$65

Both days \$130

**IF POSTMARKED AFTER JULY 6<sup>th</sup> ADD \$25 LATE FEE (single or both days).**

Make check payable to Mid-Atlantic Pathologists' Assistants and mail to:

MAPA c/o William Ahlfeld  
40 Remington Rd  
Mertztown, PA 19539