

# MCAA's GreatFutures Forum

Washington Marriott Wardman Park ■ Washington, DC  
September 19 – 21, 2019



## Step 1: I am a: MCAA MEMBER FACULTY ADVISOR LOCAL ASSN. EXEC.

*(Student information to be entered in step 3.)*

Name \_\_\_\_\_ Badge \_\_\_\_\_  
Spouse/Guest \_\_\_\_\_ Badge \_\_\_\_\_  
Co. Name./Assoc. \_\_\_\_\_ Title \_\_\_\_\_  
College/University \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Registrant's E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail address to send confirmation \_\_\_\_\_

## Step 2: Please provide the number of rooms you will need to house yourself and/or students

# of Rooms	Room Type	Nightly Rate
	Standard Room	\$169 + current state and local taxes
	Standard Room – 2 Double Beds	\$169 + current state and local taxes

## Step 3: Please provide student attendee information

Name: _____	Name: _____
E-Mail: _____	E-Mail: _____
Year of Graduation: _____ Cell #: _____	Year of Graduation: _____ Cell #: _____
Name: _____	Name: _____
E-Mail: _____	E-Mail: _____
Year of Graduation: _____ Cell #: _____	Year of Graduation: _____ Cell #: _____
Name: _____	Name: _____
E-Mail: _____	E-Mail: _____
Year of Graduation: _____ Cell #: _____	Year of Graduation: _____ Cell #: _____
Name: _____	Name: _____
E-Mail: _____	E-Mail: _____
Year of Graduation: _____ Cell #: _____	Year of Graduation: _____ Cell #: _____

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Please return this form by August 28, 2019

## Step 4: Please provide the occupant, # of people, and the arrival and departure dates per room.

	Occupant Name(s)	# In Room	Arrival Date	Departure Date
1 <sup>st</sup> Room:	_____	_____	_____	_____
2 <sup>nd</sup> Room:	_____	_____	_____	_____
3 <sup>rd</sup> Room:	_____	_____	_____	_____
4 <sup>th</sup> Room:	_____	_____	_____	_____
5 <sup>th</sup> Room:	_____	_____	_____	_____

Please contact the MCAA Meeting Department if you require special accommodations to fully participate in this event.

## Step 5: Please provide hotel guarantee information.

### Rooms at the Group Rate Are Subject to Availability

MCAA will make room reservations for you based upon the information noted on your registration form.

**The cut-off date to make a reservation at the group rate is August 28, 2019.** Hotel reservations will be made on a first come, first serve, space-available basis upon completion of the registration portion of the form. A deposit equal to the room and tax charge for one night's stay must accompany this reservation form in order to confirm your reservation. Room rate does not include current state and local taxes. Check in time is 4:00 PM. Check out time is 11:00 AM.

- **The credit card provided will be used solely to guarantee the room.**
- **If you are not the card holder, a credit card authorization form will be necessary.**
- **Please contact MCAA Meetings Department for details.**

AMEX       MC       VISA

Account Number _____	Expiration _____
Cardholder Name _____	Billing Zip Code _____
Signature _____	Marriott Rewards # _____

### Register online at [www.mcaa.org/events](http://www.mcaa.org/events)

If you have questions, please contact the **MCAA Meetings Department**:

- By phone: (301) 990-2217
- By e-mail: [eventregistration@mcaa.org](mailto:eventregistration@mcaa.org)
- By fax: 1(240) 238-2699
- By mail: Meeting Dept., 1385 Piccard Drive, Rockville, MD 20850

Our business hours are 9:00 am–5:00 pm Eastern Time Monday through Friday

### MCAA Cancellation & Refund Policy

If it becomes necessary to cancel your participation in the conference, please send **written** notification to MCAA as soon as possible. Please note the following refund information:

**Substitutions are always accepted.**

You will receive a full refund if you cancel by **August 28, 2019.**