

**Middle Atlantic Association of
Liberal Arts Chemistry Teachers
(MAALACT)
41st Annual Meeting
November 2 & 3, 2007
Elizabethtown College, Elizabethtown, PA**

Meeting Registration

Name: _____

Title: _____

Institution: _____

Phone: _____ **Email address:** _____

Mailing Address: _____

Registration Fees:

_____ Opening Banquet Amount \$ 25.00/person
(Friday, November 2 , 6-7:15 PM)

_____ Meeting Amount \$ 50.00

TOTAL \$ _____

Please accept my payment by:

A check made payable to Elizabethtown College – MAALACT and mailed to:

Charge to: Visa MasterCard Discover

CREDIT CARD NUMBER

EXPIRATION DATE

3-DIGIT SECURITY CODE

CARDHOLDER NAME

CARDHOLDER'S BILLING ADDRESS

CARDHOLDER SIGNATURE

CITY, STATE, ZIP CODE

Return this form with payment to: Elizabethtown College
Department of Chemistry
Attn: Kris Tussing – MAALACT
One Alpha Drive
Elizabethtown, PA 17022

OR Complete credit card transaction on secure site

**OR Fax form to: 717-361-1394
(Credit Card Payment Only)
Attention: Kris Tussing**