

**41st ANNUAL MCAA OF NJ SPRING CONFERENCE
REGISTRATION FORM
THURSDAY, MAY 9 AND FRIDAY, MAY 10, 2024
SEAVIEW, A DOLCE HOTEL, GALLOWAY, NJ**

Name _____ Title _____
Indicate title above (CMCA, MCA, DCA, DCA/CMCA or other)

Municipal Court _____ Telephone _____
 Email _____

I will be attending the 41st Annual MCAA of NJ Spring Conference as indicated below:

Check below	Cost		Function to Be Attended
____Member:	\$170.00	Thursday, May 9 th	Registration Fee, Breakfast and Lunch
____Non-Member:	\$185.00	Thursday, May 9 th	Registration Fee, Breakfast and Lunch
____Member:	\$150.00	Friday, May 10 th	Registration Fee, Breakfast and Lunch
____Non-Member:	\$185.00	Friday, May 10 th	Registration Fee, Breakfast and Lunch
____Member:	\$320.00	Thursday, May 9 th & Friday, May 10 th	Full Registration Fee, Breakfasts and Lunches
____Non-Member:	\$370.00	Thursday, May 9 th & Friday, May 10 th	Full Registration Fee, Breakfasts and Lunches

Family Member/Guest Name(s): _____

Breakfast: \$70 per guest ____Thursday \$70 per guest ____Friday \$140 per guest ____Both Days
 Lunch: \$70 per guest ____Thursday \$70 per guest ____Friday \$140 per guest ____Both Days

Method of Payment (check one): Voucher _____ Check _____

Email conference registration forms and vouchers to karen.gomez@njcourts.gov for signature. Send payments to:

Karen Gomez, CMCA
 Treasurer, MCAA of NJ
 West New York Municipal Court
 428 60th Street
 West New York, NJ. 07093

Make checks payable to:
 MCAA of NJ-Spring Conference

VOUCHERS must be received by **APRIL 12, 2024**. All **PAYMENTS** must be received by **MAY 1, 2024**. If using the **US Postal Service**, please remember to include a **self-addressed, stamped envelope**.

- 1) Please complete the registration form and forward it to Karen Gomez by April 12, 2024, with voucher or check.
- 2) If payment is not received prior to start of the conference, you will be required to make payment and obtain reimbursement from your city, township or borough.

THERE SHALL BE NO REFUNDS