**2019 FBINAA Maryland/Delaware Re-trainer Registration Form**

**April 2nd –April 4th, 2019**

**EVENT COST: $250.00**

**Hotel accommodations are separate and made directly with the Holiday Inn Oceanfront –**

**410-524-1600**

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| **Name** |  | | | | | | **Session #** | |  |
| **Phone #** |  | | **Cell #** |  | **e-mail** |  | | | |
| **Mailing Address** | |  | | | | | **Retired** | **Yes \_\_\_ No \_\_\_** | |
| **City/State/Zip** | |  | | | | | | | |
| **Agency** | |  | | | | | | | |
| **I plan to attend the Bulletproof Mind Training on Tuesday? (circle one) YES NO** | | | | | | | | | |
| **I plan to attend the President’s Reception on Tuesday evening? (circle one) YES NO** | | | | | | | | | |
| **I plan to attend the Banquet on Wednesday evening? (circle one) YES NO** | | | | | | | | | |

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| **Phone #** |  | | **Cell #** |  | **e-mail** |  | | | |
| **Mailing Address** | |  | | | | | **Retired** | **Yes \_\_\_ No \_\_\_** | |
| **City/State/Zip** | |  | | | | | | | |
| **Agency** | |  | | | | | | | |
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| **I plan to attend the President’s Reception on Tuesday evening? (circle one) YES NO** | | | | | | | | | |
| **I plan to attend the Banquet on Wednesday evening? (circle one) YES NO** | | | | | | | | | |

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| **Phone #** |  | | **Cell #** |  | **e-mail** |  | | | |
| **Mailing Address** | |  | | | | | **Retired** | **Yes \_\_\_ No \_\_\_** | |
| **City/State/Zip** | |  | | | | | | | |
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\*\*\*Attach additional pages if needed\*\*\*

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| ***“Checks are preferred”***   |  |  |  | | --- | --- | --- | | Card Type: | MC \_\_ VISA \_\_ AMEX \_\_ | | | Card #: | CVC: | EXP: |   *Make checks payable to:* ***FBINAA Maryland Delaware Chapter*** |

**Return form and payment to:**

Dan Galbraith

MD/DE Chapter Secretary/Treasurer

2846 Bynum Overlook Drive

Abingdon, Maryland 21009

[danielgalbraith@fbinaamdde.com](mailto:danielgalbraith@fbinaamdde.com)

**410-808-8896**