

# MEMBERS' BALTIMORE TRIP

**April 8 – April 9, 2014**

☐ I am a MAD Member: \$599

☐ I am NOT a MAD Member: \$650

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

**Second Name (if applicable):** \_\_\_\_\_

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

**Home#** \_\_\_\_\_ **Cell#** \_\_\_\_\_

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

☐ Enclosed is my check in the amount of \$ \_\_\_\_\_

**Payable to: Museum of Arts and Design**

**Please select a level if you would like to join as a Member:**

☐ \$50 Out-of-town    ☐ \$75 Individual    ☐ \$100 Dual    ☐ \$125 Family

☐ \$250 Contributing    ☐ \$500 Supporting

\* 10% Senior discount may be applied to memberships only

☐ I authorize a charge of \$ \_\_\_\_\_ to my (circle one)

**Visa / MC / Amex / Discover**

**Credit Card No.:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Security Code:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

## Payments and Registration Requirements

A completed reservation form and full trip payment are required by March 7, 2014 to reserve the tour. After that date, 100% of the cost is not refundable. If the trip does not reach the minimum participation requirements, the Museum of Arts and Design reserves the right to cancel the tour, and a full refund will be made to those persons registered at that time. By submitting the registration form, you agree to the terms and conditions as outlined in the trip description provided.

**Please return this completed form to:**

**Members' Day Trip**

**Museum of Arts and Design**

**2 Columbus Circle, New York, NY 10019 Fax: 212-299-7701**

**Should you have questions, please contact Patty Tsai**

**212.299.7758 or email [patrons@madmuseum.org](mailto:patrons@madmuseum.org)**



museum of arts and design

# Trip Participant Form

## Please select room type:

- ☐ Single Occupancy Room    ☐ Double Occupancy Room

## Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home/Work# \_\_\_\_\_ Cell# \_\_\_\_\_

## Alternate Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home/Work# \_\_\_\_\_ Cell# \_\_\_\_\_

## Diet Restrictions and food allergies:

\_\_\_\_\_

## Medical Concerns:

\_\_\_\_\_

## Please select type of sandwich for your boxed lunch:

Choice of:    ☐ Grilled Chicken    ☐ Albacore Tuna    ☐ Roasted Veggie

