



Exhibitor Registration Form

Group Name: _____

Contact Name: _____

Phone #: _____

E-Mail Address: _____

Description of your Group and what will be displayed:

Sponsorship of a table at the Maryland March for Life must be approved by the Committee prior to the March. In addition, **all materials must be submitted and approved 2 weeks in advance of the March.** Please mail this completed Exhibitor Registration Form along with payment made payable to the Maryland March for Life, Inc. Only tables provided by the Committee are acceptable. Tables will be six (6) feet in length.

Registration Fee: \$100

Mail to:
Maryland March for Life, Inc.
PO Box 104
Annapolis, MD 21404

For Office Use Only	
Date Postmarked:	_____
Date Received:	_____
Applicable Fee:	_____