

MACROCK

Name of Label/Business: _____

Nature of Business: _____

Contact Person: _____

Phone: _____

E-mail: _____

From (City/State): _____

Website: _____

Names of People Attending (2): _____

Number of Tables (Limit 2): _____

Please Enclose a check made payable to MACROCK for an amount equal to \$50 per table and mail to:

Katie Abbott
Label Exposition Coordinator
611 S. Main Street
Harrisonburg, VA 22801

All registration forms and payment must be received by MARCH 15.