



MEMBERSHIP REGISTRATION FORM

Fill the form and mail to: info@MDRproject.com

Contact name:

Email: Mobile (please include area code):

Company Name:

Full address:

Country: Website:

Company brief description:

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PLEASE SELECT YOUR PACKAGE

- Individual \$149/year
- Business \$575/year
- Corporate \$1000/year

Other customized membership packages available.

PAYMENT INFO • Fill Check and mail, along with this form, to:
 MDR/ACCENT PR
 36 Kilsyth Road, suite 3
 Brookline, MA 02445
 USA

Please note: for accounting purposes, the transaction will result from Accent Public Relations, owner of the MDR brand.

Yes, I confirm my subscription to the **MDR®!**

By signing and submitting this form, you accept the Terms and Conditions of Participation for MDR Experience.

Data Protection: for organizational purposes only, by submitting this form you automatically consent to the use and passing on your personal data to our partners. Your consent is voluntary and revocable at any time.

Terms and Conditions: as demonstrated by the COVID 19 pandemic, unforeseeable situations might occur from the Organizers side or your side. By submitting this form, you understand that situations of Force Majeure might apply to this contract and affect the realization of some events.

Membership investments are not refundable.

Sign _____