



# MALSCE Proprietors' Council Meeting

Open to All MALSCE Members

Friday, March 8, 2024

1:00 PM – 3:00 PM

Aldrich Center at TEC, One Walnut Street, Boston, MA 02108

Moderator:

**Michael A. Clifford, PLS**

**Co-founder and Principal, DGT Associates and MALSCE Proprietors' Council Chair**

Join MALSCE Proprietors' Council Chair Mike Clifford for the third of four Proprietors' Council luncheon meetings planned for the current fiscal year. Continuing to discuss business issues and MALSCE undertakings, agenda items for this meeting include:

- Pulse of Business
- 2024 Convention Recap
- MALSCE President's Update
- MALSCE Public Awareness Committee Activities
- Staff Recruitment, Training, and Retention
- New Business

**Registration Deadline: Wednesday, March 6, 2024**

**Registration Information:** *Advanced registration for the meeting is required and in-person attendance is limited to 16 with registrations accepted on a first-come, first-served basis.* Proprietors' Council members can register to attend this meeting for free [here](#). All other MALSCE members can [click here](#) to register for a nominal fee. MALSCE members registering online to attend this meeting should login using their MALSCE assigned username and password. If you do not know your member login information, call 617/227-5551. You can also register by completing the form below and following the submission instructions.

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## Registration Form **MALSCE Proprietors' Council Meeting, Friday, March 8, 2024**

**Registration Fee** Proprietors' Council members:  Free In-Person  
Other MALSCE members:  \$25 In-Person

### Registrant Information

Name: \_\_\_\_\_  
Organization (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Dietary Restrictions: \_\_\_\_\_

**Total Amount Enclosed** \$ \_\_\_\_\_

Mail your registration form and check (payable to "MALSCE") to: MALSCE, One Walnut Street, Boston, MA 02108-3616. Fax or email your registration form with credit card information to 617/227-6783 or [malsce@engineers.org](mailto:malsce@engineers.org), respectively.

Or Pay with (Check one):  Visa  Master Card  American Express

Name on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Signature: \_\_\_\_\_

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