

THE MAINE MEDICAL ASSOCIATION'S

157TH ANNUAL SESSION

SEPTEMBER 10-12, 2010

HARBORSIDE HOTEL AND MARINA, BAR HARBOR, MAINE

EXHIBITOR REGISTRATION

It is essential that your company name be listed exactly as you wish it to appear in official publications - Please print

Company Name: _____ Tel: _____

Company Address: _____

Contact Person: _____ Tel: _____

E-Mail: _____

Description of Company: _____

Representative(s) Attending Conference

Information below will be used for name badges & attendance lists. (If you plan to bring a guest, there is an additional charge, see below)

Name/Address _____

E-Mail _____ Tel _____ Guest Name _____

Name/Address _____

E-Mail _____ Tel _____ Guest Name _____

SPACE IS LIMITED - RESERVE NOW - DON'T MISS OUT!!!

EXHIBITOR REQUIREMENTS

EXHIBIT FEE: \$600 for MMA Corporate Affiliates \$750.00 for Non-Members

ELECTRICAL POWER: ___ I do require electrical power ___ I do not require electrical power

INTERNET: ___ I do require internet ___ I do not require internet

(Each individual exhibitor must provide extension cords) Please contact Lisa Martin at 207-622-3374 ext. 221 for further assistance

Set-up: Set up time available Friday, September 10th, set up must be completed by 6:30 am Saturday, September 11, 2010 for the continental breakfast with Exhibitors at 7:00 am Saturday, September 11, 2010.

Meals: Each exhibiting company will be allowed up to 2 complimentary meal tickets for the Saturday Lunch. Companies who wish to attend the Saturday evening Banquet are asked to pay \$50.00 per person. Please complete box below so that we may keep an accurate count.

Shipping: If you are shipping your exhibit, use the following address: The Bar Harbor Club Gate House, Attn: Deb Jordan-MMA Annual Session, 111 West Street, Bar Harbor, ME 04609. All exhibitors requesting return shipment from the Harborside Hotel & Marina to specified destination points must supply all labels necessary with return address, account number(s), and bill of lading to cover the shipment. All cartons should be shipped two weeks prior to arrival date.

Exhibit Fee \$ _____

Saturday Lunch (2 comp tkts) \$ incl w/ fee

Additional Lunch Fee (@ \$35 pp) \$ _____

Saturday Banquet Fee (@ \$50 pp) \$ _____

Total Amount Due \$ _____

Make checks payable to:

Maine Medical Association, Tax ID # 010216933

Space will be allocated by MMA based on receipt of the exhibit registration form and full payment. Any space not claimed or occupied by 8:00 am Saturday, September 11, may be resold or reassigned by Exhibit Manager. No refunds of exhibit fees will be granted after September 10, 2010.

Please charge my: Visa MasterCard

Card #: _____ Exp: _____

Signature: _____

Printed Name: _____

Return Completed Form with Payment to:

Maine Medical Association, Attn: Lisa Martin

P.O. Box 190, Manchester, ME 04351

Please contact Lisa Martin, 207-622-3374 ext 221 or lmartin@mainemed.com with any questions or concerns.