

THE MAINE MEDICAL ASSOCIATION'S

160TH ANNUAL SESSION

OCTOBER 4-6, 2013

HOLIDAY INN BY THE BAY, PORTLAND, 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 _____

E-Mail _____ Tel _____ Guest Name _____

Name _____

E-Mail _____ Tel _____ Guest Name _____

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

EXHIBITOR REQUIREMENTS

EXHIBIT FEE: \$650 for MMA Corporate Affiliates \$750 for Non-Members

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

(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, October 4th from 12:00 pm to 4:00 pm, set up must be completed by 4:00 pm as the Opening Reception with Exhibitors will be at 5:00 pm. A continental breakfast with Exhibitors will be at 7:00 am Saturday, October 5th, 2013.

Meals: Each Exhibitor will be allowed up to 2 complimentary meal tickets for the Saturday Lunch. Exhibitors who wish to attend the Saturday evening Banquet are asked to pay \$80.00 per person. Please complete box below so that we may keep an accurate count.

Shipping: If you are shipping your display, use the following address: The Holiday Inn by the Bay, 88 Spring Street, Portland, ME 04101. All exhibitors are responsible for any return shipments. No deliveries of displays will be accepted before: October 1, 2013.

Exhibit Fee \$ _____

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

Add'l Lunch Fee (@ \$35 pp) \$ _____

Saturday Banquet Fee (@ \$80 pp) \$ _____

Add'l reception tickets (@10 pp) \$ _____

Sunday Breakfast Fee (@\$10 pp) \$ _____

Total Amount Due \$ _____

Make checks payable to:

Maine Medical Association, Tax ID # 010216933

President's Reception *Ticket Required- Portland Museum of Art (see agenda)

___ Yes, I would like 2 tickets to the reception

___ No, I am unavailable to attend the reception

___ Additional reception tickets 10.00 each ___ # of tickets needed

Space will be allocated by MMA based on receipt of the exhibit registration form and full payment. Any space not claimed or occupied by 4:00 pm Friday, October 4, may be resold or reassigned by Exhibit Manager. No refunds of exhibit fees will be granted after September 1, 2013.

Please charge my: Visa MasterCard Amex _____ (4 digit code)

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.