

**Maine Medical Association
Practice Education Seminar
23RD ANNUAL
JUNE 18, 2014**

Exhibitor/Sponsor Sign Up

- Exhibitor Table - \$500 (\$250 non-profit)
- Prize Donation (Item mailed in by May 30th)
(50/50 drawing with sign recognition of prize sponsor)
- Break Sponsor - \$100 (per seminar)
(Sign and Recognition)

Electrical Power:

___ Yes, I do require electrical power ___ No, I do not require electrical power

Breakfast and Lunch provided for up to 2 Representatives (any additional meals 35.00)

Company Information (*Information will be used for name badges and signage*)

Company Name: _____ Website: _____

Address: _____

Representative Name: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Representative Name: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

___ Payment Enclosed **Make checks payable to the Maine Medical Association:**

___ Visa ___ MC ___ AMEX

Credit Card # _____ CCV _____ Exp. _____

Cardholders Name (Please Print): _____

Signature: _____

Return completed form with payment to:

Lisa Martin, PO Box 190, Manchester, Maine 04351 or Fax 207-622-3332

Contact Lisa Martin with any questions at 207-622-3374 x221 or lmartin@mainemed.com