



Maine Medical Association

171ST ANNUAL SESSION

SEPTEMBER 6-8, 2024

HARBORSIDE HOTEL, SPA & 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: _____

E-Mail: _____ Tel: _____ Guest Name: _____

Name: _____

E-Mail: _____ Tel: _____ Guest Name: _____

EXHIBITOR REQUIREMENTS

EXHIBIT FEE: ___ \$850 for MMA Corporate Partner ___ \$950 for Non-Members ___ \$450 for Non-Profits

(Register before July 12, 2024, and receive \$100 discount -- Corporate Partners and Non-Members only)

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

(Each individual exhibitor must provide extension cords)

Set-up: Set up time available Friday, September 6 from 12:00pm to 4:00pm, set up must be completed by 4:00 pm as the Opening Reception **with Exhibitors** will be at 5:30pm. A continental breakfast **with Exhibitors** will be at 7:00am Saturday.

Meals: Each Exhibiting Company will be allowed up to 2 complimentary meal tickets for Saturday Lunch. Companies who have more than 2 attending or who have guests will pay \$40.00 per person. Companies who wish to attend the Saturday evening Awards Dinner are asked to pay prices listed below per person. Please complete the box below so that we may keep an accurate count.

Shipping: : If you are shipping your display, use the following address: Harborside Hotel and Marina, 111 West Street, Bar Harbor, ME 04609. All exhibitors are responsible for any return shipments. No deliveries of displays will be accepted before September 4, 2024.

Attending Saturday Lunch (please circle) Yes or No

Exhibit Fee \$ _____

Add'l Saturday Lunch ___ (@ \$40 pp) \$ _____

Awards Dinner ___ (@ \$75 pp) \$ _____

Sunday Breakfast ___ (@ 25 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 4:00 pm Friday, September 6, may be resold or reassigned by Exhibit Manager. No refunds of exhibit fees will be granted after August 2, 2024.

Please charge my: Visa MasterCard Amex Check mailed

Card #: _____ Exp: _____

Signature: _____ CVV: _____ ZIP _____

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, 207-480-4201 or lmartin@mainemed.com with any questions or concerns.