## **168**<sup>TH</sup>**ANNUAL SESSION**

## Equality, Equity, and Our Evolving Health Care System

SEPTEMBER 10-12, 2021

SUNDAY RIVER RESORT, THE JORDAN HOTEL, NEWRY, MAINE

	IBITOR REGISTRATION sted exactly as you wish it to appear in official publications – Please print
Company Name:	
Company Address:	
Contact Person:	
E-Mail:	
Description of Company:	
Information below will be used for name ba	ntative(s) Attending Conference adges & attendance lists. (If you plan to bring a guest, there is an additional charge, see below)
Name	
	TelGuest Name
	**************************************
	elGuest Name
(Register before July 15, 2021, and red ELECTRICAL POWER: I do requi	e Affiliates\$650 for Non-Members\$250 for Non-Profits  ceive 100.00 discount Corporate Affiliates and Non-Members only)  ire electrical power I do not require electrical power  vidual exhibitor must provide extension cords)
with Exhibitors will be at 5:30 pm. A continental breakfast Meals: Each Exhibiting Company will be allowed to have more than 2 attending or who have guests are ask evening Awards Dinner are asked to pay prices listed below Shipping: If you are shipping your display, use the	om 12:00 pm to 4:00 pm, set up must be completed by 4:00 pm as the Opening Reception st with Exhibitors will be at 7:00 am Saturday, September 11, 2021.  The property of the Exhibitors will be at 7:00 am Saturday, September 11, 2021.  The property of the Exhibitors will be at 7:00 am Saturday, September 11, 2021.  The property of the Exhibitors are person. Companies who wish to attend the Saturday Lunch and/or ow per person. Please complete box below so that we may keep an accurate count. In the following address: Group Coordination Manager, Ilea Enos, Jordan Hotel, Sunday River and Saturday affiliation and event date attached. All exhibitors are responsible for any ted before September 7, 2021.
Exhibit Fee       \$	
Awards Dinner (@ \$75 pp) \$	
Sunday Breakfast (@ 25 pp) \$	_
Total Amount Due \$	Printed Name:
Make checks payable to:	Return Completed Form with Payment to: Maine Medical Association, Attn: Lisa Martin

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