

COMPLIMENTARY EXHIBITOR PERSONNEL REGISTRATION INFORMATION

ALL EXHIBITOR EMPLOYEES MUST REGISTER AS EXHIBITOR PERSONNEL – NO EXCEPTIONS

Each 10' x 10' Booth Space includes four (4) Complimentary Exhibitor Registrations. Each Table Top Exhibit Space includes Two (2) Complimentary Exhibitor Registrations. All Additional Exhibitor Personnel are \$200.00 each or \$250 each after April 28, 2008. Exhibitor Personnel Registration Includes: Admission to the Exhibit Area, Conference Seminars, Breakout Sessions, May 13 Evening Welcome Reception, and Complimentary Exhibitor Refreshments.

Employee names will appear exactly as indicted on this form. You may photocopy this form for additional attendees.

Exhibitor Name: \_\_\_\_\_ Booth Number(s) \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

ADDITIONAL EXHIBITOR PERSONNEL REGISTRATION INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Exhibitor Registrations before April 28, 2008 - \$200.00 ea. Exhibitor Registrations after April 28, 2008 - \$250.00 ea.

# \_\_\_\_\_ Additional Exhibitor Personnel @ \$200.00

# \_\_\_\_\_ Additional Exhibitor Personnel @ \$250.00ea

Total Exhibitor Personnel @ \$200.00 Due: \$ \_\_\_\_\_

Total Exhibitor Personnel @ \$250.00 Due: \$ \_\_\_\_\_

PAYMENT INFORMATION

If paying by check, please make your check payable to MMA and mail with the completed registration form to Massachusetts Mortgage Association, 607 North Avenue, Building 14/2<sup>nd</sup> Floor, Wakefield, MA 01880. If paying by credit card, please complete the information below:

Payment Method:  Check  AMEX  Visa  MasterCard  Discover

Name of Cardholder \_\_\_\_\_

Billing Address of Cardholder \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Please fax credit card payment information to: (781) 246-2625  
Questions? Call Denise Leonard or Clarice Callahan at the MMA at: 781-246-0601