



**MAHP 2019 Annual Conference**  
**Friday, November 22, 2019, 7:30 a.m. - 3:00 p.m., Seaport Hotel, Boston**

**Exhibitor Sign-up Form**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Membership Type and Exhibitor Fee (includes 2 attendees)**

**Gold Affiliate** \$1,320       **Silver Affiliate** \$1,870       **Non-Member** \$2,200

**Booth includes 6' table, 2 chairs, tablecloth and 1/4 page B/W ad in our Conference Program Book.**  
**Please note : No refunds will be issued after October 1, 2019.**

Please include the **Names** and **Titles** of the two individuals who will be exhibiting from your organization  
(additional staff members will be charged the corresponding attendee rate)

1. \_\_\_\_\_
2. \_\_\_\_\_

**Additional Exhibitor attendees (beyond 2) are charged \$120 flat fee each. Please list these attendees on a separate sheet.**

**Payment Method**

Check Enclosed: \_\_\_\_\_ Visa: \_\_\_\_\_ Mastercard: \_\_\_\_\_ Amex: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Total Amount to be Paid: \_\_\_\_\_  
Name (as on credit card): \_\_\_\_\_  
Billing Address (inc. zip): \_\_\_\_\_  
Signature: \_\_\_\_\_

**How did you hear about this event? (check all that apply)**

- MAHP e-mail announcing event
- Another company's email
- MAHP newsletter
- Referred by colleague/friend
- Searched the web
- Other \_\_\_\_\_

**Please submit a 100 word company description & logo to Ann Chamberlin LaBelle at [chamberlin@mahp.com](mailto:chamberlin@mahp.com).**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please print, sign and submit the original signed copy of this application along with payment.) **Thank you!**

If you have any questions please contact Ann Chamberlin LaBelle at [chamberlin@mahp.com](mailto:chamberlin@mahp.com), 508-446-6977