



4th Annual Meeting

Thursday, September 16, 2010
Hoagland-Pincus Conference Center,
222 Maple Street, Shrewsbury, MA
9:00 am to 4:00 pm

Exhibitor Opportunities & Recognition

- FRIEND EXHIBITOR \$500**
- One 6-foot exhibitor table
 - Name listed in event program
 - Listed as exhibitor on website
 - 1 complimentary event pass
- COLLEAGUE EXHIBITOR \$250**
- Half 6-foot exhibitor table
 - Name listed in event program
 - Listed as exhibitor on website
 - 1 complimentary event pass
- SUPPORTER , AMOUNT: \$_____**
- Name listed in event program
 - Listed as exhibitor on website

Organization/ Name (as you want it to appear in the program)

Contact Name

Street Address

City

State

Zip

()

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Telephone

Fax

E-Mail

Method: Check payable to: MACHW

Send to: 434 Jamaicaaway, Jamaica Plain, MA 02130 **Attention:** Cindy M. Marti

Fax: (617) 524-5225

_____ **Please enclose check and return this form with your check**

_____ **How many of your allotted complimentary passes will be used?**