

# EXHIBIT SPACE APPLICATION

31st NEW ENGLAND MORTGAGE BANKERS CONFERENCE

September 12th – 14<sup>th</sup>, 2018

Gurney's of Newport, Newport, RI

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name for Booth Confirmation Package: \_\_\_\_\_

Phone: \_\_\_\_\_ Website \_\_\_\_\_ E-Mail: \_\_\_\_\_

We are a member of the following State MBAs:  CT  MA  ME  NH  RI  VT

Type of Business:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Wholesale Mortgage Banking | <input type="checkbox"/> Mortgage Broker         | <input type="checkbox"/> Mortgage Insurance Co. |
| <input type="checkbox"/> Computer Software          | <input type="checkbox"/> Attorney                | <input type="checkbox"/> Mortgage Consulting:   |
| <input type="checkbox"/> Appraisal Company          | <input type="checkbox"/> Title Insurance Co.     | <input type="checkbox"/> Closing                |
| <input type="checkbox"/> Real Estate Service:       | <input type="checkbox"/> Credit Bureau/Reporting | <input type="checkbox"/> Other _____            |

Please provide a brief description (50 words or less) of your company's product or service. Your description will be prominently displayed in the exhibitor listing portion of the program guide. Email your description to [jenn@massmba.com](mailto:jenn@massmba.com). **BE SURE TO INCLUDE THE TYPE OF BUSINESS.**

Gurney's Ballroom Exhibit Hall:(8' x 10' booth)  \$2,300 Members  \$4,200 Non-Members

**Payment Terms:** Payment in full must be received with your booth contract. The NEMBC will not assign a booth to any exhibitor without payment in full.

**Checks may be made payable to:**

MMBA  
185 Devonshire Street, Suite 703, Boston, MA 02110

**Credit card payments:** Please Email Completed form to Jenn Couldren [jenn@massmba.com](mailto:jenn@massmba.com).

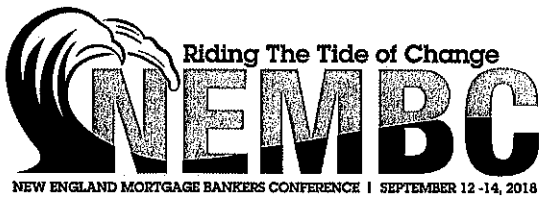
**Register online [www.massmba.com](http://www.massmba.com)** Your username is your Email Address Password MMBA

Amount of payment \$ \_\_\_\_\_  Enclosed or charge to  MasterCard  Visa  AMEX

Account No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Please Print: \_\_\_\_\_

**Cancellation & Refunds:** Every effort will be made to assign you the booth(s) selected. Notice for cancellations and requests must be made in writing to the MMBA office at address listed above. Refunds, less a 15% administrative fee, will be made only upon the resale of your booth. No refunds will be made for cancellations received 30 days prior to NEMBC.



**Exhibitor Personnel Registration Form**  
 Each booth receives 2 complimentary Booth personnel  
 SEPTEMBER 12-14, 2018 GURNEY'S, NEWPORT, RI

**PLEASE FILL THIS OUT ONLY IF YOU FILLED OUT THE EXHIBIT SPACE APPLICATION**

To Register online go to [www.massmba.com](http://www.massmba.com) and click on the NEMBC 2018 logo. If you have attended NEMBC or an MMBA event and we have you in our database, your user name is your email address and the password is mmba.

**Hotel Reservations:** Hotel reservations are not included in the conference registration fee and are subject to Conference registration verification. *The NEMBC '18 Committee requires Conference Registration in order to complete the housing reservation process.* Complete instructions to reserve your hotel room will be included with your registration confirmation. The NEMBC '18 Committee reserves all rights.

You will receive the hotel reservation instructions along with your confirmation via the email address below. You must have an email address to complete this process.

**EXHIBITOR PERSONNEL REGISTRATION: (NEMBC staff to register complimentary registrations):**

Separately ticketed events are not included. If you wish to participate in one of these events, please sign up below. CONTACT INFORMATION FOR ATTENDEES WILL BE PUBLISHED IN THE ATTENDEE GUIDE-PLEASE PROVIDE THE ACTUAL CONTACT INFORMATION FOR EACH PERSON YOU ARE REGISTERING.

**Complimentary 1:**

Name: _____		Nickname: _____	
Address: _____			
City: _____		State: _____	Zip: _____
Phone: _____	Fax: _____	E-Mail: _____	
<input type="checkbox"/> Full Conference Registration - \$250*		<input type="checkbox"/> Newport Country Club Golf -\$295 per person	

**Complimentary 2:**

Name: _____		Nickname: _____	
Firm: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Phone: _____	Fax: _____	E-Mail: _____	
<input type="checkbox"/> Full Conference Registration - \$250*		<input type="checkbox"/> Newport Country Club Golf - \$295 per person	

Amount of payment \$ \_\_\_\_\_  Enclosed or charge to  Visa  MasterCard  Amex

Account No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name Please Print: \_\_\_\_\_

**Make checks payable to MMBA and return completed contract with any amount due to: NEMBC18  
 c/o MMBA, 185 Devonshire Street, Suite 703, Boston, MA 02110 • (617) 570-9114  
 You may also email completed forms to Jenn Couldren [Jenn@massmba.com](mailto:Jenn@massmba.com)**

**\*PLEASE NOTE THERE IS A \$10.00 FEE FOR EACH NAME BADGE SWITCH.  
 NO REFUNDS AFTER AUGUST 25TH**