

# 2017 Annual Meeting & Trade Show

January 20 & 21, 2017 | Hynes Convention Center and Sheraton Boston Hotel, Boston

## PROGRAM REGISTRATION FORM

Please fill out form completely

Name (please print or type)

First name or nickname for badge

Title

Municipality, organization or other affiliation

Street address

City or town

State

ZIP

Daytime phone number

Fax number

E-mail address

Guest's first name

Guest's last name

Please note: "Personal guest" registration category is not for use by co-workers or associates within your community, organization or business.

Are you a first-time attendee?

yes  no

Your registration fee includes admission to the keynote address, all workshops, your member group business meeting, the trade show, and the opening and president's receptions.

Two weeks prior to the meeting, you will receive a confirmation of your registration, directions and parking information, and other pertinent details.

**Cancellations:** Refunds will be made in full for registration or meal tickets ONLY if you notify the MMA by a letter on municipal letterhead postmarked no later than Jan. 7, 2017.

Hotel reservations must be made directly with the Sheraton Boston Hotel at (800) 325-3535 or online through the MMA website.

**For more information about the hotel, visit**  
www.sheratonbostonhotel.com or www.mma.org

### A. Conference Pre-registration Deadline: January 13, 2017

- Member .....\$170
- Business Program Member .....\$170
- Other Government Entities .....\$280

There will be an additional \$50 charge for on-site registration

**Subtotal A** \$ \_\_\_\_\_

### B. Events

#### Number of Tickets

\_\_\_\_\_ Friday Dinner @ \$39 per person \$ \_\_\_\_\_

\_\_\_\_\_ Saturday Dinner @ \$45 per person \$ \_\_\_\_\_

\_\_\_\_\_ Women Elected Municipal Officials lunch (Friday) @ \$29 per person \$ \_\_\_\_\_

\_\_\_\_\_ Inauguration Day boxed lunch @ \$20.70 \$ \_\_\_\_\_

**Subtotal B** \$ \_\_\_\_\_

**Total Due A+ B** \$ \_\_\_\_\_

Make check payable to Massachusetts Municipal Association.

### Credit Card Information (All Fields Required)

Card Holder's Name

Card Holder's Email Address (receipt will be emailed)

Card Holder's Billing Address

City or town

State

ZIP

Card Number

Exp. Date

Card Holder's Signature

**Please complete this form and mail it to:**

**Annual Meeting, Massachusetts Municipal Association**

One Winthrop Square, 2nd floor, Boston, Massachusetts 02110  
or fax to (617) 695-1314

For up-to-date info visit  
**www.mma.org**

**(617) 426-7272 | (800) 882-1498**

For Office Use Only: Amount\$ \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_\_