

2019 ANNUAL MEETING & TRADE SHOW

January 18 & 19, 2019 | Hynes Convention Center and Sheraton Boston Hotel, Boston

PROGRAM REGISTRATION FORM

ONLINE REGISTRATION AVAILABLE NOW!

Visit mma.org/am-registration

New Registration I've already registered but need to make changes (e.g., add/dinner tickets - name field required)

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.

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. 2, 2019.

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.

Please complete this form and return to:

Annual Meeting, Massachusetts Municipal Association
One Winthrop Square, 2nd floor, Boston, Massachusetts 02110
or fax to 617-695-1314 or to amregistrations@mma.org

A. Conference Pre-registration

DEADLINE: JANUARY 9, 2019

Member.....\$180

Business Program Member.....\$180

Other Government Entities.....\$295

All registrations after Jan. 9 deadline must be processed on-site. 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 \$ _____

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

For up-to-date info visit www.mma.org
617-426-7272 | 800-882-1498