

2020 Annual Meeting & Trade Show

January 24 & 25, 2020 | Hynes Convention Center and Sheraton Boston Hotel, Boston

**ONLINE
REGISTRATION
AVAILABLE NOW!**
Visit: [mma.org/
am-registration](http://mma.org/am-registration)

PROGRAM REGISTRATION FORM

New Registration **I've already registered but need to make changes (e.g., add'l 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 _____

Email 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. 10, 2020, at 5 p.m.

Hotel reservations must be made directly with the Sheraton Boston Hotel at 800-325-3535 or online through the MMA website. Reserve your room early to ensure access to our room block.

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

Date Form Completed _____

A. Conference Pre-registration:

DEADLINE JANUARY 15, 2020

Member\$185
 Partnership Program Member\$185

All registrations after Jan. 15 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) @ \$35
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 _____

Card Number _____ Exp. Date _____

Card Holder's Signature _____

Please complete this form and return to:
Annual Meeting, Massachusetts Municipal Association
One Winthrop Square, 2nd floor, Boston, MA 02110
or fax to 617-695-1314
or email to amregistrations@mma.org

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

617-426-7272 | 800-882-1498

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