

Massachusetts League of Community Health Centers
2018 Community Health Institute Exhibit Fair

SPONSORSHIP REGISTRATION FORM

May 17, 2018

Sea Crest Beach Hotel, 350 Quaker Road, North Falmouth

Please indicate your sponsorship choice from the sponsorship option sheet.

Sponsorship for Thursday Exhibit Fair _____

Notice: Sponsorship includes one 6 foot table and chairs with sponsorship fee, an acknowledgement in the program booklet of your sponsorship and an opportunity to attend the **Thursday** sessions for up to three people. If your exhibit table is larger than a 6 foot table, such as a Pop Up or oversized booth, please indicate that when you register so we can plan for the additional space needed. We will not be able to adjust the space once you are at the hotel. An oversized booth is an additional **\$500**.

Sponsorship Fee Enclosed \$ _____

Contact person who is filling out this form: _____

Will you be attending the exhibit fair? _____ Yes _____ No

Title: _____

Email address: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Name of exhibit booth representative(s) listed below. The exhibit fee includes badges for three representatives. Additional badges are \$50 per person.

Please return your registration form and payment by April 24, 2018 to: Massachusetts League of Community Health Centers, Exhibit Fair, 40 Court Street, 10th Floor, Boston, MA 02108
Check should be made payable to: Massachusetts League of Community Health Centers

Any questions please email Denise McCauley at dmccauley@massleague.org.
Direct line: 617-988-2244 Fax number: 617-426-0097