

# 39<sup>TH</sup> ANNUAL MRA EDUCATIONAL CONFERENCE & TRADE SHOW

## 1. COMPANY INFORMATION: (Please print clearly or type)

Company  Contact

Address  City  State  Zip

Phone  FAX  Show Contact Cell Phone

## 2. REGISTRATION FEES:

**YOU MUST BE A MEMBER OF MRA TO ATTEND**

### Full Conference

**Includes:** All conference seminars, Program & Seminar Handouts book, all meals including awards dinner, special functions and admission for 1 in exhibit hall for the entire conference. Certificate good for 1 marina or boatyard attendee who has never attended the event.

### One Day (Wednesday or Thursday only)

**Includes:** All conference seminars, Program & Seminar Handouts book, all meals including awards dinner, special functions and admission for 1 in exhibit hall for one day only. Either Wednesday or Thursday


| <i>Difference will be invoiced if not sent Postmarked</i> | 10 X 8 Booth<br><i>Includes 6' draped table, 2 side chairs, waste basket &amp; ID sign</i> | 8 X 8 Booth<br><i>Includes 6' draped table, 2 side chairs, waste basket &amp; ID sign</i> | Non Exhibiting<br><i>Trade Member Available only after all booth space is filled</i> | Additional Attendee | Additional Attendee One Day |
|---|--|---|--|---------------------|-----------------------------|
| by July 31, 2010  | \$760  | \$685   | \$685  | \$389               | \$289                       |
| after July 31, 2010                                       | \$835  | \$735   | \$735  | \$409               | \$339                       |

## 3. ATTENDEE INFORMATION:

| Name:                    | E-Mail | CPR/First Aid \$45 | Full Registration | One day Registration                                      | Golf \$120 | Line Total |
|--------------------------|--------|--------------------|-------------------|---|------------|------------|
| 1 <sup>st</sup> Attendee |        | \$                 | \$                | <input type="checkbox"/> Wed <input type="checkbox"/> Thu | \$         |            |
| Additional Attendee      |        | \$                 | \$                | <input type="checkbox"/> Wed <input type="checkbox"/> Thu | \$         |            |
| Additional Attendee      |        | \$                 | \$                | <input type="checkbox"/> Wed <input type="checkbox"/> Thu | \$         |            |
| Additional Attendee      |        | \$                 | \$                | <input type="checkbox"/> Wed <input type="checkbox"/> Thu | \$         |            |
| Additional Attendee      |        | \$                 | \$                | <input type="checkbox"/> Wed <input type="checkbox"/> Thu | \$         |            |

**4. GUEST INFORMATION:** If you have a guest who is not registered for the conference and would like to participate in the golf tournament or Thursday's Awards dinner, please fill out the following information:

| Guest's Name: | Awards Dinner \$99 | Golf \$120 | Line Total |
|---------------|--------------------|------------|------------|
|               | \$                 | \$         |            |
|               | \$                 | \$         |            |

  I require special assistance and/or have other special needs.  
Contact: Mariann Timms 209.334.0661 timms@marina.org





## 5. ADVERTISING:

| Ad Size | Description (ie: Back Cover) | Black & White | Color | Line Total |
|---------|------------------------------|---------------|-------|------------|
|         |                              | \$            | \$    |            |

## 6. SPONSORSHIP: (If you are sponsoring a seminar, please list title of seminar.)

| Sponsored item | Date | Price | Line Total |
|----------------|------|-------|------------|
|                |      | \$    |            |

## 7. PAYMENT: Fax with credit card information to 209.334.6876. Circle your payment method:

Card Number      DEPOSIT DUE: \$350.00

Expiration Date MO  YR

Signature:  Date:

(Your signature authorizes MRA to charge your credit card for the total amount due)

Billing address:  City:  State:  Zip:

OR Make check payable to MRA and send along with this form to: MRA, 15004 Glasscock Road, Lodi, CA 95242

WEBSITE REV6/24

**Questions?** Contact: Mariann Timms Phone: 209.334.0661 FAX: 209.334.6876 E-Mail: timms@marina.org

**8. CANCELLATION POLICY:** Should the exhibitor be unable to occupy and use the exhibit space contracted for and should MRA be notified in writing by September 30, 2010, 50% of all fees paid by the exhibitor to date will be refunded. A \$50 cancellation fee will be charged to all exhibit or registration cancellations prior to October 1, 2010. **No refunds will be issued for any portion of the conference after September 30, 2010.**

**9. AGREEMENT:** I have read the Cover Letter & Exhibit Terms, Rules and Regulations and agree to comply with such.  
**SIGNATURE REQUIRED.**

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_