

Michigan Association of Fairs & Exhibitions

125th Annual Convention – REGISTRATION

Amway Grand Plaza Hotel

January 7, 8, 9, 2010

Grand Rapids, Michigan

Please PRINT or TYPE ALL INFORMATION & RETURN TWO COPIES TO:

M.A.F.E., PO Box 127, Munger MI 48747-0127

Phone: 989.450.5942

1. Each Person Attending the 2010 M.A.F.E. Convention MUST Register and PAY the Registration Fee of \$65.00. This Includes Any and ALL Exhibitors. Spouse Registration Fee is \$50.00.
2. **The Late Fee Registration is an additional \$50.00 per Registrant, for Both Regular & Spouse Registration.** Registrations MUST Accompany the Hotel Registration Form. **PLEASE FOLLOW DEADLINE INFORMATION BELOW** (*NO Refunds for the Registrations Fee and/or Banquet Tickets Will Be Made for Cancellations Received **After December 12, 2009.**
3. Please PRINT or TYPE ALL Requested Information IN FULL:
 BADGE CALL NAME: Example – Bill, Bob, Barb, etc.
 TITLE: Manager, Board Member, President, Spouse, Guest, Staff, etc.
4. Your Check for Registration Fees & Banquet Tickets ONLY is to be Made Payable to: **M.A.F.E.**
5. If there are Changes to the Advance Registration Information Prior to December 22, 2009, Please Mail, Fax or e-mail Them to the M.A.F.E. Office – Your Proper Badges will be Ready When You Arrive. All Other Changes Will be Made at the Convention Registration Desk. NO New Badges Will be Issued Unless the Old Badge(s) are Turned In.
6. **Deadline Registration Date WITHOUT Late Fee is November 21, 2009.**

Fair / Festival-Event , Associate Name as Listed with M.A.F.E.: _____

Name of Contact Person: _____ Title: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

CONVENTION REGISTRANTS

| First Name | Last Name | Badge Call Name | Title |
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Banquet Tickets: \$25.00ea X _____ = \$ _____
 REGISTRATIONS: \$65.00ea X _____ = \$ _____
 SPOUSES: \$50.00ea X _____ = \$ _____
 TOTAL = \$ _____

 PRINT / TYPE NAME OF PERSON COMPLETING FORM

Check Payable to: **M.A.F.E.** _____

CHECK NUMBER: _____ DATE ISSUED: _____ TOTAL: \$ _____ Signature of Person Completing Form _____ Date _____

**** PLEASE MAKE COPIES OF THIS FORM FOR ADDITIONAL REGISTRANTS ****