



2008
Summer Institute
July 23rd to July 25th 2008

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Email: _____

Phone #: _____ Fax #: _____

Tables requesting: _____

Fee: \$850 per table

Indicate choice of payment option:

Full payment enclosed

Two payment option - \$425 with registration form and \$425 prior to June 1

Credit Card: MC___ Visa___ AX___ (AX must be over \$500)

Card#: _____ Exp.Date: _____

Billing Zip Code: _____

A floor plan will be sent prior to the commencement of the Institute. The MSSAA will assign table locations on the basis of first priority to multiple table vendors and sponsors & then to other vendors on the basis of the date of reservation with the required deposit.

Technology / Equipment Requirements: _____

Are you interested in donating an item to be raffled?

Yes No
(Circle one)

Indicate type of item to be donated _____

Are you interested in sponsoring an event or gift item?

Yes No
(circle one)

Return this registration form to:

MSSAA/ Att: Marjorie Richards

33 Forge Parkway

Franklin, MA 02038

Phone - 508-541-7997

Fax - 508-541-9888

Email - mrichards@mssaa.org