



17th Annual Eastern Secondary Conference and 67th Annual Convention

June 17-18-19, 2020

Hyatt Regency Grand Cypress, Orlando, FL

Registration Form (Refer to brochure for program information)

First/Last Name (to appear on your name badge) _____

I am a CMB Or Other Designation: _____

Company _____

Address _____ City/State/Zip _____

Phone _____ Email _____

(The registration list is provided only to registered attendees 30 days prior to the event, but we only share your name, company, phone and email. This is only for networking connections and should not be used as a shared list to anyone outside of who is registered..

I am an MBAF Member I am a Non-Member This is my first MBAF Event—deduct \$50
(not applicable to one-day only fees)

I am disabled and would like to be contacted to discuss my special needs

RSVP FOR CMB BREAKFAST Friday 7:30 AM—No charge, but for breakfast counts only.

REGISTRATION FEES—PLEASE CHECK WHICH EVENT YOU ARE ATTENDING DIRECTLY BELOW:

Secondary Conference Wednesday 6/17-Thursday 6/18

Annual Convention Thursday 6/18 and Friday 6/19

BOTH Secondary and Convention-JUST ADD \$175 TO THE FEES BELOW

SPECIAL VERY EARLY RATES

Fee Paid by 3/13/20

Member \$400
 Non-Member \$525

GREAT DEAL

Fee Paid by 4/15/20

Member \$475
 Non-Member \$600

NORMAL FEES

Fee Paid After 4/15/2020

Member \$550
 Non-Member \$675

ONE DAY ONLY FEES COVER THE EVENTS THAT DAY ONLY (ONLY GOOD TO USE ONE DAY)

I am attending Wednesday
 I am attending Thursday
 I am attending Friday

Member \$290
 Non-Member \$390

Spouse or Guest Event Tickets Only—Email mbaf@mbaf.org to request pricing.

VISA/MC/AMEX Credit Card # _____ Expiration: _____

Verification Code: _____ (E) Signature of Card Holder: _____

PLEASE PRINT Name as it appears on the card: _____

Credit Card Billing Address and Phone Number of Card Holder (if different than above):

Is this a corporate card? _____

Phone: _____ Total Amount Authorized to Charge \$_____

Registration Refunds are provided minus a **\$100 cancellation** fee if received and acknowledged in writing by June 1, 2020. No refunds can be provided after this date since we have to submit final hotel guarantees. We are unable to adjust this once they have our numbers. Registration substitutions are accepted.

Mail/fax/email form: (make checks payable to:
Mortgage Bankers Association of Florida
P.O. Box 592245
Orlando, FL 32859-2245
PH: 407-855-6155 FAX: 321-445-4699
Email: mbaf@mbaf.org Website: www.mbafl.org

HOW TO REGISTER: • Register online www.mbafl.org, login and complete the registration information.
• This is a **Fillable and submit-able Form**: Fill in this form by saving first on your computer with your name then fill it out and click the submit button at the top. • **Mail or Fax** this form, info to the left.

Office Use Only

Date Received: _____

Check/CC: _____

Amount: _____