



19th Annual Eastern Secondary Conference and 69th Annual Convention
June 20-22, 2023
Rosen Plaza Hotel, Orlando, FL
Registration Form

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

☐ I am a CMB ☐ Or Other Designation: _____

Company _____

Address _____ City/State/Zip _____

Phone _____ Email _____

CELL Phone _____ (will be used for event communications)

(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)

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

☐ GOLF 6/19 Monday 1 PM-\$110 per golfer (if registering online sign up under “sessions”)

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

☐ **Secondary Conference** Tuesday 6/20 and Wednesday 6/21 (includes crossover sessions)

☐ **Annual Convention** Wednesday 6/21 (afternoon crossover session) and Thursday 6/22

☐ **ATTEND BOTH Secondary and Convention (GREAT DEAL!) ADD \$200 TO THE FEES BELOW**

Early Registration Fees

☐ Member\$475

☐ Non-Member\$600

(Received BY May, 12, 2023)

Normal Registration Fees

☐ Member\$625

☐ Non-Member\$750

(Received AFTER May, 12, 2023)

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

☐ I am attending Tuesday

☐ I am attending Wednesday

☐ I am attending Thursday

☐ Member \$300

☐ Non-Member \$400

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 processing** fee if received and acknowledged in writing by June 1, 2023. 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/email form: (make checks payable to:)
Mortgage Bankers Association of Florida

P.O. Box 592245

Orlando, FL 32859-2245

PH: 407-855-6155

Email: mbaf@mbaf.org Website: www.mbaf.org

HOW TO REGISTER: • Register online
www.mbaf.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 this form, info to the left.

Office Use Only

Date Received: _____

Check/CC: _____

Amount: _____