



17th Annual Secondary Conference and 67th Annual Convention
June 17-18-19, 2020
Hyatt Regency Grand Cypress, Orlando, FL
(Refer to brochure for specific exhibit times and information)
Exhibitor Registration

Name (as you wish it to appear on your name badge) _____

(One rep included with your booth fee for full registration, use separate form/sheet for additional reps including their contact information)

Company _____

Address _____

City/State/Zip _____

Phone _____ Email _____

☐ I am disabled and would like to be contacted to discuss my special needs. Please indicate any special dietary considerations: _____

EXHIBITOR FEES AND INFORMATION

☐ **\$1,500—ONLY TWO PREMIUM SPACES AVAILABLE** (and includes two booth rep fees.) Refer to floor plan for locations. The space is premium location, will have a coffee table and two extra designed chairs for seating. You will receive five minutes of podium time during one of the evening receptions to address the crowd, announce a special prize you may have, introduce your company and representatives, etc!

☐ **\$800—Exhibit Space**—Tabletop displays will be permitted that fit in your space, minimum of 8'-wide, max 10" wide, can be set behind the table or in place of the table or on the table. You will be provided one 6' table, 2 chairs and wastebasket. One rep registration included for the full registration.

☐ **\$400—Extra Representative (Includes full conference registration)** (Use separate sheet to list registrants contact info.)

☐ **\$100 Electrical**—Check here if electric needed. **Include this fee with your payment. Order in advance to be set for show time.**

Exhibit times are non-conflict with programs. Space assigned first—come first—serve basis with Platinum Sponsors placed in prime spots near the doors or food areas. Space confirmation will be sent approximately 3 weeks prior to the show date.

NOTE: Send company description mbaf@mbaf.org in a word document approx. two-inch paragraph to be included in the handout materials.

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.

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 \$ _____

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P.O. Box 592245
Orlando, FL 32859-2245
PH: 407-855-6155 FAX: 321-445-4699
Email: mbaf@mbaf.org Website: www.mbah.org

HOW TO REGISTER: • Register online at www.mbah.org, login and complete the registration information.

• **This is a Fillable and Submittable 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: _____

Exhibitor shall be fully responsible to pay for any and all damages to property owned by (HYATT REGENCY GRAND CYPRESS), its owners or managers which result from any act or omission of Exhibitor. Exhibitor agrees to defend, indemnify and hold harmless, HYATT REGENCY GRAND CYPRESS, its owners, managers, officers or directors, agents, employees, subsidiaries and affiliates, from any damages or charges resulting from Exhibitor's use of the property. Exhibitor's liability shall include all losses, costs, damages, or expenses arising from, out of, or by reason of any accident or bodily injury or other occurrences to any person or persons, including the Exhibitor, its agents, employees, and business invitees which arise from or out of the Exhibitor's occupancy and use of the exhibition premises, the Hotel or any part thereof.