



Massachusetts Association for Marriage & Family Therapy
A Division of the American Association for Marriage & Family Therapy

2012
MAMFT Annual Conference

March 9, 2012
Bentley University
Waltham, MA

With: Scott Sells

Treating the Out of Control Adolescent and Child

WWW.mamft.org

Info@mamft.org

MAMFT (888) 848-2998



EXHIBITOR INFORMATION

Join us at our 2012 Annual MAMFT Conference where over 100 family therapists and other mental health professionals from around New England will gather for yet another year.

This year we are excited to welcome Scott Sells who is nationally recognized for his work with adolescents and children.

There are two different ways you can share information about your organization with our attendees.

1. **Vendor Tables:** Have Your Own Table: Attendees will have an opportunity to visit tables during registration, one break and lunch. Set up will occur on the morning of the event and should be completed by 8:30 AM. All tables will include one five-foot skirted table and two chairs. If you require electricity or other services in your booth, please make your request on the application. Tables are assigned by MAMFT on a first-come, first-served basis. Your organization information will also be included in the conference packet with contact information.

Cost: \$200.00 – includes lunch and CEU’s for one person

2. **Brochure Placement:** Have your brochure or flyer placed on our “Take One” Table. Brochures are mailed at the exhibitor’s expense in advance and must be received by March 1, 2012. Advance notice and payment is required. Your organization information will also be included in the conference packet with contact information.

Cost: \$25

- *Please contact Robin Risso at info@mamft.org or 617-699-6228 with questions or to reserve your space today! Please complete the contract form which follows.*



Annual Conference Exhibitor Contract

The Massachusetts Association for Marriage and Family Therapy (MAMFT) is hereby authorized to reserve space for my/our exhibit table(s) at the Annual Conference on March 9, 2012 at Bentley University.

I. EXHIBITOR COMPANY NAME:

Contact Person: _____

Mailing Address: _____

 City State Zip

Phone: _____ Fax: _____

Email: _____

PURPOSE OR PRODUCT DESCRIPTION

II. EXHIBIT SPACE REQUEST

TABLE COST: \$200 for the first table, \$100 for additional tables. All fees are due with completed application.

CANCELLATION POLICY: All cancellations must be submitted in writing. For cancellations received prior to February 24, 2012 a refund will be made, less \$25 processing fee. No refunds will be made on cancellations received after February 24, 2012.

EXHIBIT LOCATION:

1. Exhibits will be set up in the designated exhibit space.
2. If you need electrical outlets or phone/internet hookup, you **MUST** check the lines below.
 Day-of-event requests are made at MAMFT's discretion.

III. PAYMENT INFORMATION

PAYMENT IS ENCLOSED FOR:

Total number of Five-foot tables: _____ Total cost: \$ _____
 Electrical outlet: _____ Phone line: _____ Internet hookup: _____
 Brochure Placement: _____

METHOD OF PAYMENT:

- Check Enclosed Payable to MAMFT
- Credit Card Payment made via www.paypal.com Payee: info@mamft.org
Contract sent to info@mamft.org

IV. EXHIBITOR GUIDELINES

Exhibitors agree to the following provisions:

1. Exhibit set-up will be completed prior to the beginning of participant registration (8:30 a.m.)
2. Exhibits may be taken down at the end of the conference (4:00 p.m.)
3. Exhibitors may set up signs, boards, and materials on top of or behind their tables, and may hang signs from the front of their table. Exhibitors are prohibited from hanging anything on the walls of the facility.
4. During break periods, Exhibitors will not create undue noise or solicit participants outside of the area of their exhibit space.
5. Exhibitors will not create distractions or undue noise during the conference sessions.
6. MAMFT will provide each participant with a list of exhibitors (who register before March 1) as part of the conference welcome packet.
7. MAMFT will be conscious to make each exhibitor location as desirable as possible.
8. Prior to the conference, MAMFT will email Exhibitors directions to the facility, a conference agenda, and a parking pass.

V. AGREEMENT AND SIGNATURE

As the representative of the company/organization above, I have read and agree to abide by all the Exhibitor Guidelines. This form becomes a legally binding contract when countersigned by the MAMFT. The MAMFT reserves the right to refuse this application for any reason.

Submitted by (please print): _____

Exhibitor Signature: _____ Date: _____

MAMFT Signature: _____ Date: _____

- *Remit form along with payment to:*
MAMFT
PO Box 323
Carlisle, MA 01741
- Brochures mailed to:
MAMFT - Nate Sanford
126 Lincoln St
Fitchburg, MA 01420