

EXHIBITOR EVENT REGISTRATION FORM

NAME:		
COMPANY:		
CITY/STATE/Z	IP:	
TELEPHONE/F	AX/EMAIL:	
1	PRESIDENT'S BANQUET Saturday, September 9, 6:00pm – 9:00p Montreal Museum of Fine Arts	\$100 \$
		TOTAL AMOUNT DUE:
Please charg	e my registration fees to the following cred	dit card:
Name As It App	ears on Credit Card:	
Billing Address	of Card Holder:	
City:		State:Zip:
Credit Card #: _		Expiration Date:/
	(See card images below) Whe per located on its front or back of your credit card	ere is your Card Security Code? Your credit card's security code is a
Signature:		123

All requests for cancellations must be received in writing. If a written request of cancellation is received at the Section's Administrative Office prior to Monday, August 18, $\frac{201}{7}$, the registration fee, less a \$50.00 administrative fee, will be refunded after the meeting. Refund requests received after August 18, 2017 will not be honored.

Return to: NE AUA 500 Cummings Center, Suite 4400 Beverly, MA 01915

Phone: 978-927-8330 Fax: 978-524-0461

industry@neaua.org