



Mid-Atlantic College Health Association

EXHIBITOR REGISTRATION

MACHA 2008 Annual Conference • November 2-3, 2008 • Baltimore, Maryland

EACH EXHIBITOR MUST COMPLETE A REGISTRATION FORM

Name: _____ **Title** _____

Organization Name: _____

Address: _____

City: _____ **State:** ____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail Address: _____

- This is a great opportunity to socialize and network with attendees.
- Exhibitor is encouraged to stay at the Marriott Baltimore Inner Harbor at Camden Yards.
- Exhibitor should contact Hotel for room reservations.
- To stay at hotel contact the Marriott Baltimore Inner Harbor at 1 (800) 228-9290 or (410) 962-0202

Money Enclosed: (Make check payable to Mid-Atlantic College Health Association)

___ Exhibit Fee: \$ 500.00

___ Sponsorship \$ _____

___ Binder Advertisement \$ _____

___ Bag Advertisement \$ _____

TOTAL ENCLOSED \$ _____

MAIL ALL REGISTRATION FORMS TO:

Sacared Bodison, MD, MBA
University of Maryland
University Health Center, Bldg. 140
College Park, MD 20742
Attn: MACHA

For additional questions contact Dr. Bodison at (301) 314-8117 or bodison@health.umd.edu .