

## 2024 TRUST & WEALTH MANAGEMENT CONFERENCE

MAY 8 | 9:30 AM - 4:30 PM | HILTON GARDEN INN, AUBURN

## **VENDOR REGISTRATION FORM**

Please submit this form by May 3rd

| COMPANY:   |                   |                         |   |
|--|-------------------|-------------------------|---|
| CONTACT PERSON:  |                   | EMAIL:                  |   |
|  |                   |                         |   |
| ATTENDEE   |                   | EMAIL                   |   |
|  |                   |                         |   |
| COMPANY PROFILE  |                   |                         |   |
|  |                   |                         |   |
|  |                   |                         |   |
|  |                   |                         |   |
| REGISTRATION FEES  | Vendor registrati | on includes a table wi  | ith an informal display in the meeting room and |
| VENDOR TABLE @ \$850 = \$  | _                 |                         | with the opportunity to present a 3-minute      |
|  | overview of your  | services to all attende | ees at the beginning of the program.            |
| METHOD OF PAYMENT  |                   |                         |   |
| PLEASE INVOICE (NAME AND EMAIL):   |                   |                         |   |
| CHECK ENCLOSED VISA  | MASTERCARD        | AMEX                    |   |
| *If paying by credit card, please complete the information below. PLEASE DO NOT EMAIL CREDIT CARD INFORMATION UNSECURED* |                   |                         |   |
| SIGNATURE:   |                   | PRINT NAME:             |   |
| CARD NUMBER:   |                   |                         | EXPIRATION DATE:                                |

**SEND THIS FORM TO:** 

QUESTIONS?

 $\label{lem:mail:maine} \textbf{Mail: Maine Bankers Association | 2 Thomas Drive| Westbrook, ME\ 04092}$ 

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