

**AMLI 37TH ANNUAL MEETING
2024 EXHIBITOR AND CORPORATE MEMBERSHIP FORM**

***ALL PAYMENTS MUST BE ACCOMPANIED BY
A SIGNED LETTER OF AGREEMENT***

REGISTRATION FORM

The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of the exhibitor's activities on the Hotel premises and will indemnify, defend and hold harmless the Hotel, its agents, servants and employees from any such losses, damages and claims.

Company Name	
Main Contact Name	
Address	
Address	
City, State, Zip	
TELEPHONE(s) / Cellular	
FAX	
E-MAIL	
Corporate Membership	___ \$900.00
Exhibitor fee for Corporate Members	___ \$1,000.00 per 10X10 booth space (electricity must be ordered directly from the Westin Seattle)
Exhibitor fee for Non-Members	___ \$1,750 per 10X10 booth space (electricity must be ordered directly from the Westin Seattle)
Exhibitor fee for personnel more than three (3) per 10X10 booth space	___ \$50 per personnel over three (3) per booth space \$_____ Total

Send Completed Form, Signed Letter of Agreement and Payment to:
Maggie Fogel, AMLI Administrator
40 Prospect Street, Portsmouth, New Hampshire 03801
TEL 603-610-7766 ~ maggie@maggiefogel.com

Meeting Annual Dinner	No. ___ at \$70.00 per person (members) No. ___ at \$90.00 per person (non-members) Names of attendees:
Names of Exhibitors for Badges	Names of Exhibitors:
Educational Grants	____ Elite (\$10,000 or greater) ____ Platinum (\$5,000-\$9,999) ____ Gold (\$2,500-\$4,999) ____ Silver (\$1,000-\$2,499) ____ Bronze (\$500-\$999) ____ Contributor (\$499 or less)
Other Support Opportunities	<p><i>(Co-Host / Partial support is also available)</i></p> ____ Continental Breakfast. Host \$1,500-\$2,500 (4 available) ____ Morning Break. Host \$1,000 (4 available) ____ Exhibitor Breakfast (2 available) or Luncheon Seminars (3 available)* ____ Friday Evening Poster Session. Host \$6,000 + or partial ____ Saturday Evening Poster Session. Host \$5,000 ____ Saturday Evening Annual Dinner. Host \$9,000+ or partial ____ Travel Award \$1,000 per award ____ Travel Award \$1,000 per award * Contact administrator, maggie@maggiefogel.com; (603-610-7766)

PAYMENT - TOTAL AMOUNT \$ _____	
CHECKS: Please make checks payable to "AMLI"	
CREDIT CARD: Visa ____ MasterCard ____ (We DO NOT accept AMEX) CVV Code _____	
Credit Card Number: _____ Exp. Date: _____	
Billing Address: _____	
If different from address above	
City: _____	State _____ Zip _____
Name as it appears on card: _____	
Signature: _____	Amount of Charge \$ _____

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