



# ASSOCIATE MEMBER PAYMENT SUMMARY SHEET

Business Name: \_\_\_\_\_

**MAAFS Associate Membership Dues** \_\_\_\_\_ x \$ 85 = \$ \_\_\_\_\_

**Full Registration** \_\_\_\_\_ x \$150 = \$ \_\_\_\_\_  
(Includes 1-Registrant; 1- 10x8 booth; Breakfast & Lunch on Saturday)

**Additional Booths** \_\_\_\_\_ x \$ 80 = \$ \_\_\_\_\_

**Additional Registrants** \_\_\_\_\_ x \$ 50 = \$ \_\_\_\_\_  
(Includes Breakfast & Lunch on Saturday)

**Partial Registration** \_\_\_\_\_ x \$100 = \$ \_\_\_\_\_  
(Does Not Include Trade Show Booth or Meals)

**Showcase Dinner, Friday Nov. 10** \_\_\_\_\_ x \$ 60 = \$ \_\_\_\_\_

**Banquet Dinner, Saturday, Nov. 11** \_\_\_\_\_ x \$ 60 = \$ \_\_\_\_\_

**Total: \$** \_\_\_\_\_

**Make Checks Payable to MAAFS**

Credit Card payment is also accepted,

Visa     MC     Discover

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CSC#: \_\_\_\_\_

Please fill out all applicable forms and return with payment to:

Janice Coroneos  
1801 Ridgeway Ave.  
Lutherville, MD 21093

Questions???? Contact Janice Coroneos ● [jlc153@verizon.net](mailto:jlc153@verizon.net) ● 410-215-4412

<b>Office Use Only</b>	Date Payment Received: _____	Check #: _____
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