



# ASSOCIATE MEMBER PAYMENT SUMMARY SHEET

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

**MAAFS Associate Membership Dues** \_\_\_\_\_ x \$100 = \$ \_\_\_\_\_

**Full Registration** \_\_\_\_\_ x \$200 = \$ \_\_\_\_\_  
(Includes 1-Registrant; 1- 10x8 booth; Fri. Dinner and Sat. Breakfast)  
**Late Registration (After October 1) -- \$250**

**Additional Booths** \_\_\_\_\_ x \$ 85 = \$ \_\_\_\_\_

**Additional Registrants (Must have a Full Registration)** \_\_\_\_\_ x \$100 = \$ \_\_\_\_\_  
(Includes Fri. Dinner and Sat. Breakfast)  
**Late Registration (After October 1) -- \$150**

**Partial Registration** \_\_\_\_\_ x \$125 = \$ \_\_\_\_\_  
(Includes Fri. Dinner and Sat. Breakfast)  
**Late Registration (After October 1) -- \$175**

**Lunch, Saturday Nov. 3** \_\_\_\_\_ x \$ 30 = \$ \_\_\_\_\_  
(Must be registered for the Convention)

**Banquet Dinner, Saturday, Nov. 3** \_\_\_\_\_ x \$ 65 = \$ \_\_\_\_\_  
Must be registered for the Convention)

**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 ● 410-215-4412**

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