

***VENDOR INFORMATION PACKET***

***AND REGISTRATION FORMS***

**DEADLINE TO REGISTER: MAY 15, 2024 OR UNTIL FULL**

You are cordially invited to join the Massachusetts Town Clerk’s Association at our upcoming conference!

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| Conference Details: | **2024 MTCA SUMMER CONFERENCE**  HOTEL 1620  180 WATER STREET, PLYMOUTH, MA  **June 5th – 7th** |

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| **Vendor Hours:** | 12noon on June 5th – 5PM on June 6th | |
| **Vendor Set Up Begins:** | 8AM Wednesday, June 5th | |
| **Vendor Visiting Hours** | Wednesday, June 5th | 12:00-1:45 PM (prior to educational session) |
|  |  | 3:00-3:30 (educational session break) |
|  | Thursday, June 6th | 8:00-9:00 AM (prior to educational sessions) |
|  |  | 10:15-10:45 AM (educational session break) |
|  |  | 3:00-3:30 PM (educational session break) |

Vendors interested in participating at this conference are requested to complete and return the following attached documents:

* **Vendor Registration & Payment Form**: Vendor space will be reserved only upon receipt of completed registration forms and full payment.
* **Vendor Information & Summary of Services Form:** Company information, registration contact, vendor attendee contacts and a brief summary of products/services provided by your company. This information will be compiled and published in the Conference Brochure distributed to all participants.

Please mail all completed forms, along with a check payable to “**Massachusetts Town Clerks Association**” to:

Danielle M Sicard, MTCA 1st VP

136 Elm Street

Easton, MA 02356

**All registration** **forms and payments must be received by May 15th (or until full), to be assured of space among the exhibiting vendors and inclusion in the Conference Brochure. There is a $100 late fee for any registrations after the deadline.**

Please keep in mind that space is limited at each of our conference venues and vendor space will be on a first register/pay, first serve basis. We recommend you **email a copy of your forms to** [**dsicard@easton.ma.us**](mailto:dsicard@easton.ma.us) prior to the deadline and mailing the forms and payment. If there are more vendors than space allows, space will be provided to those whose forms were received first and payment received prior to the conference.

**Hotel Registration Information: The Hotel registration link will be available on April 10th**

We will email the hotel information to all vendors who have submitted their registration form and payment by this date. Please note the hotel registration deadline is no later than **May 5th or until no vacancies remain.**

Please feel free to contact me with any questions at [dsicard@easton.ma.us](mailto:dsicard@easton.ma.us). The MTCA greatly appreciates your continued support and participation at the upcoming conference. I look forward to working with you.

With appreciation for your participation,

Danielle M Sicard, 1st VP, MTCA

***VENDOR REGISTRATION FORM &***

***PAYMENT INFORMATION***

**MASSACHUSETTS TOWN CLERKS ASSOCIATION**

**SUMMER CONFERENCE 2024**

|  |  |
| --- | --- |
| **VENDOR NAME:** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vendor Space** | |  |  | | **COST** |  | **TOTAL** | |
| **Vendor Registration & Exhibit Space:** | |  | | **$300.00** |  | **$** |  |
| **Additional Tables** | |  | **@** | **$100.00/each** |  | **$** |  |
| **Late fee – form received after May 15th** | |  |  | **$100.00** |  | **$** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Meals** | |  |  | | **COST** |  | **TOTAL** | |
| **Thursday Breakfast** | |  | **@** | **$35.00/each** |  | **$** |  |
| **Thursday Lunch** | |  | **@** | **$40.00/each** |  | **$** |  |
| **Thursday Dinner** | |  | **@** | **$55.00/each** |  | **$** |  |
| **Dinner Choices** | |  | Grilled Steak House with Rice | | | | |
|  | |  | Grilled Swordfish Steak | | | | |
|  | |  | Roasted Native Turkey | | | | |
| **Friday Breakfast** | |  | **@** | **$35.00/each** |  | **$** |  |
| **VOLUNTARY SPONSORSHIP** | | |  | | | | **$** |  |

Sponsor a break, breakfast, lunch, dinner etc. Any amount you choose to donate

goes towards defraying costs and will be appropriately recognized by the Association.

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| --- | --- |
| Sponsor toward: |  |

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| **TOTAL ENCLOSED:** | **$** |  |  |
|  |  |  |  |

**Please make check payable to: MASSACHUSETTS TOWN CLERKS ASSOCIATION**

|  |  |  |
| --- | --- | --- |
| Mail Payment to: | Danielle M Sicard, MTCA 1st VP | Email advance copy to: [dsicard@easton.ma.us](mailto:dsicard@easton.ma.us) |
|  | 136 Elm Street |  |
|  | Easton, MA 02356 |  |

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**MTCA USE ONLY:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Registration Form received date: | |  | | | | Via: |  | Email |  | Mail |
| Payment Received: |  | | |  | | |  |  |  |  |
| Check Amount: | $ | | | Check # |  | | |  |  |  |
| Balance due: | $ | | |  | | |  |  |  |  |
| Date entered on MTCA software: | | |  | | | |  | |  |  |

***VENDOR INFORMATION & SUMMARY OF SERVICES***

**MASSACHUSETTS TOWN CLERKS ASSOCIATION**

**SUMMER CONFERENCE 2024**

*COMPANY INFORMATION*

ALL fields with information will appear in the published conference brochure

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company Name: |  | | | | |
| Company Address: |  | | | | |
| Company City: |  | State: |  | Zip: |  |
| Company Phone #: |  | | | | |
| Company Email: |  | | | | |
| Company Website: |  | | | | |

Company information Notes (if necessary):

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|  |

*COMPANY REGISTRATION CONTACT*

List who is responsible for completing registration form & payment.

This information will NOT appear in the published conference brochure.

|  |  |
| --- | --- |
|  |  |
| First Name: |  |
| Last Name |  |
| Phone |  |
| Email |  |

**MASSACHUSETTS TOWN CLERKS ASSOCIATION**

**SUMMER CONFERENCE 2024**

*VENDOR ATTENDEES*

Attendees for this conference will appear in the published conference brochure.

INSTRUCTIONS FOR COMPANY REGISTRATION CONTACT SECTION:

X “CONFERENCE ATTENDEE” for anyone who will be attending this conference

|  |  |
| --- | --- |
| Vendor Attendees: # of vendors that will be in attendance at your table(s)  Should match # of Conference Attendee X below |  |

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| --- | --- | --- | --- |
| **Name** | **Email** | **Title** | **CONFERENCE**  **ATTENDEE** |
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**MASSACHUSETTS TOWN CLERKS ASSOCIATION**

**SUMMER CONFERENCE 2024**

*SUMMARY OF SERVICES*

This information will appear in the published conference brochure.

SUMMARY OF PRODUCTS / SERVICES (Not more than 75 words):

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