



*56th Annual Convention Pre-Registration  
June 24-25, 2009  
Lido Beach Resort, Sarasota, Florida*

Name (as you wish it to appear on your name badge) \_\_\_\_\_

Spouse or guest name (only if they are registering for the full convention) \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_

- I am an MBAF Member    I am a Non-Member    This is my first MBAF Convention—deduct \$50
- I am a member of another state association \_\_\_\_\_  
(If you are a member of another mortgage banking association, we will extend you our member registration rate.)
- I am a CMB                       I am disabled and would like to be contacted to discuss my special needs

Please indicate any special dietary considerations \_\_\_\_\_

**FULL CONVENTION REGISTRATION FEES—REGISTER EARLY SAVE \$50!!! Plus NO INCREASE from last year!**

Early Bird Registration (if received on or before 05/15/09)	Payment Received After 05/15/09
<input type="checkbox"/> Member ..... \$375	<input type="checkbox"/> Member .....\$425
<input type="checkbox"/> Non-Member..... \$485	<input type="checkbox"/> Non-Member .....\$535
<input type="checkbox"/> Spouse or Guest (includes tickets for all events)..... \$200	<input type="checkbox"/> Spouse or Guest.....\$ 200



**TICKETS Below FOR SPOUSE OR GUEST** (Please do not purchase tickets if you are registering your spouse or guest for the full convention. These tickets are for those that may just be able to come to one of the events with their registered attendee. Please note that it is cheaper to register your spouse or guest for the entire convention then purchase separate tickets! They then get a badge and are able to come to all events.)

- Reception (Wednesday) \$40                       Lunch at the beautiful Lido Beach Grille (Thursday) \$45
- Breakfast (Thursday) \$30                       Installation Banquet and Reception (Thursday) \$95

**VISA/MC/AMEX**

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_ Verification Code \_\_\_\_\_

**PLEASE PRINT** Name as it appears on the card \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

Credit Card Billing Address (if different from Registrants address) \_\_\_\_\_

Mail/fax or email form and make checks payable to:  
Mortgage Bankers Association of Florida  
P.O. Box 607826  
Orlando, FL 32860  
PH: 407-290-9404 FAX: 407-293-7148  
Email: mbaf@mbaf.org Website: mbaf.org

**Office Use Only**

Date Received: \_\_\_\_\_

Check/CC: \_\_\_\_\_

Amount: \_\_\_\_\_