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**Don’t miss out on this exclusive exhibiting opportunity - ONLY FIVE TABLES AVAILABLE!!**

***Thursday, February 8, 2018 - NEEBC’s 2018 Health Insurance Market Outlook***

**Newton Marriott, 2345 Commonwealth Ave., Newton, MA**

**\_\_\_\_ Yes, please enroll me as an exhibitor today!**

Includes free registration for one representative from your organization, promotional piece in distributed materials, recognition from the podium on the day of the event, signage, social media promotion, and 6-foot skirted display table and chair. Organization to provide a company sign, table top display or banner and all promotional materials and giveaways.

*$1,000 Member rate: \_\_\_\_\_\_\_\_\_\_\_\_\_ $1,250 Non-Member rate: \_\_\_\_\_\_\_\_\_\_\_\_*

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Name Title Company

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Telephone Fax

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Email Website address

**Payment Method**:

\_\_ I have enclosed/will forward a check made payable to NEEBC.

\_\_ Please charge to the following credit card: \_\_\_ American Express \_\_\_ VISA \_\_\_MasterCard

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Cardholder’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code of card holder: \_\_\_\_\_\_\_\_\_\_

**Note: A confirmation will be forwarded upon receipt of your payment and this completed form.**

**Please provide a brief description of your organization's products and/or services (25 words or fewer).**

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***Thank you for partnering with NEEBC to promote your organization’s goods and services!***