Dear Agency Exhibitor,

Please join us at our New, more centrally located venue, for the 14th Annual MaMHCA Job and Career Fair this coming May 3, 2019 - the only Fair to focus exclusively on mental health positions.

Those of you who attended in 2019 know that the conference hall was packed and we anticipate another significant turn-out this year. The late April date attracts both new graduates & interns, as well as more experienced LMHCs. We will be encouraging participation from the 6950 LMHC list, and our own 2400 MaMHCA members. And, we will work again with our graduate programs to ensure their support in sending their interns, new graduates and alumni. The feedback we received from agencies and organizations that attended in 2019 was extremely positive.

Exhibitor cost for 2020 will be $275.00. This price includes booth space, a listing in our exhibitor booklet, and 1 exhibitor luncheon. (Information & registration forms enclosed.) Register to participate by March 27, and save $30 with the Early Bird Registration discount!

Exhibitors also receive the opportunity to advertise on our website at a reduced rate.

We will be assigning booth numbers and booth space on a first come, first served basis. You will receive a confirmation letter from us with the booth number and other pertinent information the first week in May.

We will have morning refreshments and lunch for our exhibitors. As noted, lunch for one exhibitor from each booth is included in the registration fee. You may have additional staff attend and join us for lunch at an additional cost of $20.00 per person.

We’re looking forward to working with you again in 2020!

Sincerely,

Evan Schinell, LMHC, President
Midge Williams, LMHC, MaCCS

Check List:
- Registration Form with payment
- Exhibitor Booklet Listing Form
- Display Advertising Form
MaMHCA 2020 Job and Career Fair

New Directions!
Friday, April 24, 2020
8:00 am – 1:00 pm
Royal Plaza Hotel & Trade Center
181 Boston Post Road West
Marlborough, MA, 01752

Registration Form

Registrant Information:
Agency/Organization/Program Name: ___________________________________________
Address: ________________________________________________________________
Phone Number: ___________________________________________________________
Contact Person: ___________________________________________________________
Title: _________________________________________________________________
E-mail address: ___________________________ Web Address: _____________________

Job & Career Fair Fees:
• Agencies/Hospitals/Organizations
  ▪ Booth Registration – $275.00 (includes 1 table, 2 chairs, drapery; electricity, if needed; 1 lunch)
  ▪ Early-Bird Registration - $245.00 registration; Due by March 27, 2020
• Graduate Program Booth Registration - $205.00 (also includes 3 grad student admissions)
  □ Check here for extra lunch and add $20 to fee below

Job and Career Fair Exhibitor Booklet:
• Exhibitor Booklet Listing: (FREE to Exhibitors) Due by April 3, 2020* Form Enclosed

• Exhibitor Booklet Display Advertising: Due by April 3, 2020* Fee Schedule Enclosed

Method of Payment
□ Check: __________________ (amount enclosed)
□ Credit Card: MC/Visa/AMEX (circle one) Amount
  Card No: ___________________________ 3- digit code________ Exp. Date: __________
  Signature: _____________________________

Send form and payment to:
MaMHCA
17 Cocasset Street, Foxboro, MA 02035
Ph: 508-698-0010
Fax: 508-698-1711
www.MaMHCA.org

Please call us if you have any questions.
We’ll send your confirmation letter and Booth # the last week in April.

We look forward to seeing you April 24
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Information for Exhibitor Booklet
Due by April 3, 2020

Agency/Organization/Program Name: ___________________________________________
Address: ___________________________________________________________________
____________________________________________________________________________
Phone Number: __________________________________________________________________
Contact Person: __________________________________________________________________
Title: __________________________________________________________________________
E-mail address: __________________________________________________________________
Booth Representative(s): _________________________________________________________
Brief Description of Agency (not to exceed 70 words): _________________________________
____________________________________________________________________________
____________________________________________________________________________

Please Respond:
□ We will need access to: _____Electricity _____ Telephone _____Internet
□ We will place a Display Ad in the Exhibitor Booklet
□ We will place an on-line Display Ad on the MaMHCA web-page (submit on-line)

By mail:
MaMHCA
17 Cocasset Street, Foxboro, MA02035
Ph: 508-698-0010
By Fax: 508-698-1711
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Exhibitor Book
Display Advertising Information

<table>
<thead>
<tr>
<th>Display Ads:</th>
<th>Dimensions</th>
<th>Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Page</td>
<td>7”w x 9”h</td>
<td>$200</td>
</tr>
<tr>
<td>Full Half Page</td>
<td>7”w x 4”h</td>
<td>$100</td>
</tr>
<tr>
<td>One Quarter page</td>
<td>3.5”w x 4”h</td>
<td>$80</td>
</tr>
</tbody>
</table>

- All Display Ads Must Be in Digital Format and transmitted electronically
  - Due by April 3, 2020
  - Submit JPEG or GIF Interchange Ad Copy electronically to: mwilliams@mamhca.org

- All Ads Must Be Accompanied by Payment

- Check or Credit Card Order (Please Circle One)
  
  Ad Size____________________
  
  Amount____________________
  
  Master Card/Visa/AMEX (Please Circle One)
  
  Acc’t Number______________ 3- digit code_______ Exp. Date_______
  
  Signature__________________________
  
  Organization Name_________________________

- Send To:
  Deborah Bergstrom
  MaMHCA
  17 Cocasset Street
  Foxboro, MA02035
  Phone: 508-698-0010

- Fax: 508-698-1711