

NORTHEASTERN MOSQUITO CONTROL ASSOCIATION

Exhibitor Application/Invoice

Name: _____

Affiliation: _____

Mailing Address: _____

City/State/Zip: _____

Telephone #: _____ Email: _____

**Please make sure that you are currently a member of the NMCA
Membership information can be found at NMCA.ORG!**

1. Consider sponsoring a session! We will give your organization the opportunity to submit a 5-minute prerecorded video to be played at the beginning of a session.

\$250 \$ _____

2. Consider donating to the organization. For a donation over \$100 we will add your name/logo to an acknowledgement slide that will run at the end of the sessions.

\$100 \$ _____

3. Annual dues + Virtual Meeting Reg. **\$60** \$ _____

Total: \$ _____

Please email a copy of this application back to ccmcp@ccmcp.net by November 19, 2021. Checks should be made payable to the Northeastern Mosquito Control Association and sent to:

**John Shepard, NMCA Treasurer
PO Box 6522
Hamden, CT 06517**