**NORTHEASTERN MOSQUITO CONTROL ASSOCIATION**

EXHIBITOR APPLICATION / INVOICE

(Please print)

Name:

Affiliation:

Mailing Address:

City/State/Zip:

Telephone #: Fax #:

E-mail:

**1. Exhibitors Package**

**Includes**: One full meeting registration (access to meetings, functions, membership dues); one exhibit table; and a full page program booklet advertisement **$500** $

Each additional Pre-Registration\* **X $225** each $

*\*PLEASE BE SURE TO FILL OUT A REGISTRATION FORM FOR* ***EACH*** *ATTENDEE*

*SO THEY WILL RECEIVE A REGISTRATION PACKET, NAME TAG, NEWSLETTERS,*

*AND BE INCLUDED IN THE MEMBERSHIP DATABASE. \**

Each additional Exhibit Table **$150**  $ \_\_\_\_\_

Each additional Program Booklet Advertisement **$100** $ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We would like to be next to or across from:

We would NOT like to be next to or across from:

**2. Sponsorship**

a) Morning Coffee Break **$500** $

Please circle which day you would prefer: Monday, Tuesday, or Wednesday

b) Afternoon Coffee Break **$1000** $

Please circle which day you would prefer: Monday or Tuesday

c) President's Reception **$1200** $

d) Banquet Reception **$750** $

e) Joint sponsorship of function with NMCA $

f) Lunch for vendor presentation **$250** $

g) Other (please specify) $

**3. Scholarship Fund Auction** (silent)

Item to be donated:

**4. Total: TOTAL AMOUNT**: $

Please return this application and check payable to **Northeastern Mosquito Control Association** by **November 12, 2022** to:

John Shepard, NMCA Treasurer  
PO Box 6522

Hamden, CT 06517