

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