

NORTHEASTERN MOSQUITO CONTROL ASSOCIATION

December 8 – 10, 2025
Margaritaville Cape Cod
1225 Iyannough Rd, Hyannis, MA 02601
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 \$275** 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) Refreshment Breaks Sponsorship **\$750** \$ _____
AM & PM breaks each day
b) President's Reception Sponsorship **\$1200** \$ _____
c) Banquet Reception Sponsorship **\$750** \$ _____
d) Vendor Lunch Sponsorship **\$250** \$ _____
e) Joint Sponsorship of Function with NMCA **By Contribution** \$ _____
f) Young Professionals Gathering **By Contribution** \$ _____

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 21, 2025 to:

NMCA
PO Box 870283
Milton Village, MA
02187