NORTHEASTERN MOSQUITO CONTROL ASSOCIATION

December 6-9, 2026
Hilton Mystic
20 Coogan Blvd, Mystic, CT 06355

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 AM & PM breaks each day	**$750**	$_____
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 **Friday, November 13, 2026** to:

Treasurer@NMCA.org

Or:

NMCA
PO Box 870283
Milton Village, MA
02187