

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 **\$ 455 \$** _____

Each additional Pre-Registration* _____ **X \$205 ea.** \$ _____

***PLEASE BE SURE TO FILL OUT A REGISTRATION FORM FOR EACH ATTENDEE SO THEY RECEIVE A REGISTRATION PACKET, NAME TAG, NEWSLETTERS, AND TO 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) Continental breakfast 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 **NMCA** by **November 5, 2009** to:

Berkshire County Mosquito Control
19 Harris St.
Pittsfield, MA 01201

Phone (413) 447-9808

Fax (413) 447-7185