

NORTHEASTERN MOSQUITO CONTROL ASSOCIATION

EXHIBITOR APPLICATION / INVOICE

(Please print)

Name: _____
Affiliation: _____
Mailing Address: _____
City/State/Zip: _____
Telephone #: _____ Fax #: _____
E-mail: _____

1. Exhibitors Package

Includes: Pre-Registration (access to meetings, functions, membership dues); exhibit table; and

program booklet advertisement	\$ 455	\$ _____
Each additional Pre-Registration	X \$205	\$ _____
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, Tuesday
c) President's Reception	\$1200	\$ _____
d) Banquet Reception	\$750	\$ _____
e) Joint sponsorship of function with NMCA		\$ _____
f) 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, 2007** to:

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

Phone (413) 447-9808
Fax (413) 447-7185