

**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, 2012** to:

Sherrie Juris, NMCA Industry Rep.  
PO Box 3734  
Nashua, NH 03061

Phone (603) 380-1811