

NORTHEASTERN MOSQUITO CONTROL ASSOCIATION

December 9-11, 2024

Hotel 1620

180 Water St., Plymouth, MA 02360

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 **\$225** 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 15, 2024** to:

NMCA
PO Box 870283
Milton Village, MA
02187