



# EXHIBITOR APPLICATION

Wednesday, July 26, 2017 at Prides Corner, Lebanon, CT

Organization: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## EXHIBIT FEE:

- \$299 Trade Show Exhibit Space *(includes one complimentary registration)*
- \$60 (per person) x \_\_\_\_\_ Additional Exhibit Staff
- \$100 Outdoor Equipment Display *(Please list number and dimensions of equipment below)*

\_\_\_\_\_  
\_\_\_\_\_

## EXHIBIT STAFF: *(names due by June 30<sup>th</sup>, please print clearly)*

1. Name (comp): \_\_\_\_\_ Email: \_\_\_\_\_
2. Name (\$60): \_\_\_\_\_ Email: \_\_\_\_\_
3. Name (\$60): \_\_\_\_\_ Email: \_\_\_\_\_

## PRODUCTS & SERVICES: *(Please provide a brief description of your products & services below or email to info@cnla.biz)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PAYMENT: *(full payment must accompany this application)*

Total Fee Enclosed: \$ \_\_\_\_\_

- Make check payable to CNLA. Check #: \_\_\_\_\_
- Pay by credit card:  MasterCard  Visa  American Express

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Please complete the application and return to:  
CNLA, One Regency Drive, P.O. Box 30, Bloomfield, CT 06002  
Telephone: 800-562-0610 ♦ Fax: 860-286-0787 ♦ Email: info@cnla.biz ♦ Website: www.cnla.biz