**NH AND Annual Conference**

**Sponsor/Exhibitor Registration Form**

Company Name:

Primary Contact Name:

Address:

City:

State:

Zip Code:

Telephone:

Email:

Will you need electricity for your table? Y\_\_\_ N \_ \_

Name of Representative(s) attending the meeting:

1)

2)

3)

How many representatives will be joining for lunch? \_\_\_

Sponsorship/Exhibitor Selection:

* For Profit- $250
* Non-Profit $150
* NH AND Member Business Owner $50 Member #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Literature display or packet materials $10
* Silent Auction/Fundraising donation:

No\_\_\_ Yes\_\_\_\_ Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In order for us to have maximum attendee/exhibitor interaction, would you please include a fact or a piece of information that will be included in your display so that we can add it to our exhibitor scavenger hunt?

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

**Day of Event Contact Info:**

**Melissa Groves, Professional Development Chair**

**646-621-3089**

**Event date and location:**

April 2019 [Exact date TBD]

Location TBD