



Registration Form

Tuesday, October 16, 2018

Executive Court Banquet Facility
 1199 South Mammoth Road
 Manchester, NH 03109

REGISTRATION: 9:00 AM
EXPO HOURS: 11:15 AM - 2:30 PM

COMPANY INFO: Please check all that apply: Retailer Supplier Store Owner Industry Guest

Company: _____ Tel: _____

Contact Name: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

BADGE AND REGISTRATION INFORMATION *Expo FREE to Retailers.* Full Registration includes: Continental Breakfast, Workshops, Exhibitor Presentations, Luncheon and Drawing Entry.

ATTENDEE(S): Please print or type names. Print additional forms if necessary.			FULL REG. \$59 p.p.
1.		<input type="checkbox"/> Retailer Expo Only	
2.		<input type="checkbox"/> Retailer Expo Only	
3.		<input type="checkbox"/> Retailer Expo Only	
4.		<input type="checkbox"/> Retailer Expo Only	
5.		<input type="checkbox"/> Retailer Expo Only	
6.		<input type="checkbox"/> Retailer Expo Only	
(# of Attendees _____ X \$59 each)			TOTAL PAYMENT \$

PAYMENT INFORMATION

INVOICE ME: *Members Only*

► **By Check:** *Make checks payable to NH Grocers Association* Check # _____ Check Amt: _____

► **By Credit Card:** Visa Mastercard Discover American Express

Card #: _____

Exp. Date: _____ Zip Code: _____ CV2#: _____

Authorized Card User: _____

Mail or Fax your completed registration form to:
 NH Grocers Association
 110 Stark Street, Manchester, NH 03101
 Fax: **603-623-1137**

WWW.GROCERS.ORG
 To download forms or
 for more info