



EXHIBITOR TABLE REGISTRATION FORM



Tuesday, October 16, 2018

The Executive Court Banquet Facility
1199 South Mammoth Rd. - Manchester, NH 03109

COMPANY _____

CONTACT _____ TELEPHONE _____

ADDRESS _____ CITY/ST/ZIP _____

EMAIL _____

LIMITED AVAILABILITY **GUARANTEED EXPOSURE** DON'T MISS OUT!

EXHIBIT AREA: 8' area with 6' table

\$325 Member Rate - Includes listing in Program Book

EXPO HOURS: 11:15 AM - 2:30 PM

\$400 Non-Member Rate - Includes listing in Program Book and discount towards membership.

SET UP: 7:00 AM - 9:00 AM

DIRECTORY LISTING: Exactly as you wish your company to appear in directory

Upon payment we will send exhibitors package:

List of Exhibitor Attendees:

- Check One: Mail to above address
 Email to above address
 Mail to different address;

Name: _____

Address: _____

City/ST/Zip: _____

PAYMENT INFORMATION

PAYMENT TOTAL \$ _____

CHECK # _____
(Please make check payable to NHGA)

CREDIT CARD # _____ EXP DATE (DD/YR) _____

INVOICE US NHGA Members Only

CARD HOLDER'S NAME _____ BILLING ZIP CODE _____ CV2 _____

Mail To: NH Grocers Association
110 Stark Street
Manchester NH 03101

CARD HOLDER'S SIGNATURE _____

or Fax: 603-623-1137