

EXHIBITOR APPLICATION

Wednesday – Thursday, January 23-24, 2019 | Aqua Turf Club

Organization:		
Contact Name and Title:		
Street Address:		
City:	State:	Zip Code:
Telephone:	Email:	
Registration includes breakfast, lunch a \$349 Early Bird (Until 12/14 \$399 Regular Booth (12/15 \$90 (per person per day) x \$65 Electricity (one-time fe	 4) Trade Show Exhibit Space (includes one 5 – 1/4) Trade Show Exhibit Space (includes Additional Exhibit Staff (print names e) 	complimentary registration) s one complimentary registration) s below)
	January 4, please print clearly, please indicate w	
1. Name (comp):	Email:	
2. Name:	Email:	
3. Name:	Email:	
PRODUCTS & SERVICES: (Ple	ease provide a brief description of your products a	& services below or email to info@cnla.biz)
PAYMENT: (full payment must accc	ompany this application)	
Total Fee Enclosed: \$ Make check payable to CNLA Pay by credit card: A Maste	 Check #: erCard	
Credit Card #:	Exp. Date:	Security Code:
Dilling Address (if different then a	hava)	
Billing Address (il different than a	bove)	

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