

## EXHIBITOR REGISTRATION FORM

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

Contact Person: \_\_\_\_\_

Person Staffing the Booth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Website URL: \_\_\_\_\_

Please provide a brief description of your company and products/services for the Conference Program:

	Non-Member	Member
<b>Exhibitor</b> <small>Includes Wi-Fi, electricity, and one full conference registration with breakfast, lunch, snacks and reception.</small>	\$625	\$525
<b>Exhibitor Plus Sponsor</b>	\$1,000	\$1,000

**Total Amount Due**

**Payment Method**

Check (Payable to New Hampshire Travel Council)

Credit Card

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Email or mail form to:**  
 NH Travel Council  
 P.O. Box 3935  
 Concord, NH 03302

**Questions?**  
 Call (603) 228-0836 or email  
[nhtc@sullivancreative.com](mailto:nhtc@sullivancreative.com)