



OMVCA EXHIBITOR APPLICATION - REGISTRATION FORM

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: () _____

_____ Our organization requires one display table (includes two memberships) at a cost of \$300.00.

Membership Names: 1 _____

2 _____

_____ We will require _____ additional display tables at a cost of \$10.00 per table.

_____ We will need additional lunch(es) other than members listed above, at \$15.00 each.

Number Lunch(es): First Day _____ Second Day: _____

_____ We will need electricity at the display table.

_____ Our organization is interested in supporting or donating toward an AM/PM refreshment break(s).

_____ Our organization cannot attend this year, but would like to contribute to the annual meeting success.

===== TOTAL EXHIBITOR FEE

Please complete this form, make check payable to the "**Ohio Mosquito & Vector Control Association**
Please return Application - Registration Form and remittance by October 1st, 2019 to Joe Lynch.

Mr. Joe Lynch, Treasurer
Ohio Mosquito & Vector Control Association
12300 Spruce Pointe
Strongsville, Ohio 44149

OMVCA Contact: Greg Putka, Past President
Lorain County Public Health
9880 S. Murray Ridge Rd.
Elyria, OH 44035

Voice: 440-284-3234
E-mail: gputka@loraincountyhealth.com