NERGC 2025 EXHIBITOR'S BOOTH APPLICATION FORM

Exhibitor Information:					
Company Name:					_
Address:					
City:					
Web URL:		Email:			
Product Offerings: Please describe	the types of products	s or services you will	be exhibitin	ng.	
Primary Contact for Booth:					_
Name:					
Address:					
City:				Zip Code:	
Phone:	E	-Mail:			
Name to appear on banner:					
Booth Costs The cost for the first booth is \$200 a There is an additional \$25 per bo Each booth comes with a one-day com	ooth for any registra	ation postmarked/ti	mestamped	d after 30 June 2025.	
No. of booths requested:	1st Choice:	2nd Choice	e:	3rd Choice:	
Is there an exhibitor you would prefe	er to be located next t	to?			
Is there an exhibitor you would prefe	er not to be located no	ear?			
Total Payment Due: Payment Method: Check:		Will your organiz or Credit Card	zation requ l:	ire an invoice?	
Payment by check: Please make th	e check payable to N	ew England Regional	l Genealogi	cal Consortium, Inc.	
Payment by credit card: Please d yet available. If paying by credit ca	•		The proces	ssing of credit card payments is	no
Authorization: I have read, understood and agree to a	bide by the Terms and	Conditions of the NER	RGC 2025 Ex	chibitors Agreement.	
Exhibitor's Signature				Date	

Return this Exhibitor Application and check payment to: Lorraine Roberts, 103 Grove Street, #340, Rockland, MA 02370 or Janice Austin, 40 Darling Court, Rockland, MA 02370

Questions: exhibithall@nergc.org