

**Technical Training for You and Your Team!** 

**CTPCA 2024** Fall Seminar & Expo

September 17, 2024 Toyota Oakdale Theatre / Wallingford, CT



# **CTPCA 2024 EXHIBIT & SPONSORSHIP FORM**

### **CONTACT INFORMATION**

Full Name:	т	Title:	
Company/Organization N	ame:		
Address:			
		Zip/Postal:	
Phone:	Fax:	Email:	
	de luncheon and all refreshment breaks.		
□ 6' Table – includes 1 pe	rson	CTPCA Member Cost) \$275 x= \$	-
□ 6' Table – includes 1 pe	rson(CTPCA	A Non-Member Cost) \$350 x= \$	_
□ Additional Attendees		\$95 x= \$	_
Breakfast Sponsor – inc	ludes cost for one 6' vendor table and 1 atten	dee\$700 x= \$	
		Total Amount Due = \$	

#### FOR ADDITIONAL ATTENDEES:

1. First & Last Name Email Address	
2. First & Last Name Email Address	
3. First & Last Name Email Address	
4. First & Last Name Email Address	
5. First & Last Name Email Address	



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September 17, 2024 Toyota Oakdale Theatre / Wallingford, CT **CONNECTICUT** Pest Control Association

#### **BOOTH PREFERENCE:**

**Booths are served on a first come, first serve basis.** Please refer to the floorplan on page 3 and let us know your preference for which booth you would like to have.

We will notify you after your registration has processed.

1st Choice:		
2n	d Choic <u>e:</u>	
3r	d Choice:	
	I need power for my booth yes	

no 🗌

### **PAYMENT INFORMATION**

CHECK ENCLOSED OR

CARD

<u>Please submit your payment with this completed form by mail to:</u> ATTN: Meetings Team Connecticut Pest Control Association

10460 North Street Fairfax, VA 22030

\*All checks should be payable to "Connecticut Pest Control Association"

To pay by credit card, enter the information below and email to Brittani Crawley at bcrawley@pestworld.org

NAME ON CARD

CC TYPE (VISA, MC, AMEX)

CARD #

EXP. DATE (MM/YYYY)

SEC. CODE

AUTHORIZED SIGNATURE

THANK YOU FOR SUPPORTING THE CONNECTICUT PEST CONTROL ASSOCIATION! Questions? Please contact Brittani Crawley at 703-352-6762 ext. 131 or bcrawley@pestworld.org

