

Trade Show & Showcase Application



Connecticut, Massachusetts and Rhode Island Fairs are happy to announce the 2016 Joint Tri-State Convention & Trade Show. This will be held on November 11th & 12th, 2016 at the Sturbridge Host Hotel & Conference Center in Sturbridge, MA.

Trade Show will be held on Saturday November 12th from 8am till 5pm. Set-up can be on Friday afternoon or early Saturday morning. There will be convention activity on Friday night if you wish to have your booth open. Inquire about availability of Showcase times.

Set up: Friday – 7pm till 9pm • Saturday 6am-7am. **All Exhibits must be in place for 7am.**

Name of Act/Vendor: _____

Type of Act/Vendor: _____

Company: _____

Contact Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

Website: _____

Describe Act/Vendor: _____

Showcase	Yes please consider me for the showcase or other performances during the convention		
Booth (member rate)	I am a current:	<input type="checkbox"/> CT Member	\$100.00 \$
		<input type="checkbox"/> MA Member	
Booth (non-member)			\$150.00 \$
Extra Table(s)			\$25.00 \$
Electrical			\$25.00 \$
Promotional Table only	Can't attend? - Send your promotional material for our promotional table for only		\$25.00 \$
			Total \$

Make checks payable to: MAFA

Mail Application and check to:

c/o: MAFA
 Bridget Burns, Secretary
 P.O. Box 125, Abington, MA 02351



MAFA.org
CTAgFairs.org

Greg Chiecko, Chairman • Tradeshow@CTAgFairs.org

2016-17 Associate Membership Application



TYPE OF BUSINESS (check one)

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Attractions | <input type="checkbox"/> Entertainer | <input type="checkbox"/> Talent Agency |
| <input type="checkbox"/> Carnival | <input type="checkbox"/> Insurance | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Concessionaire | <input type="checkbox"/> Supplier | |

Business Name: _____

Contact Person(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell: _____ Other: _____

E-mail Address: _____

Website: _____

Facebook: _____

Other Social Media: _____

Description of Product/Services: _____

Signature: _____

I hereby make an application for **ASSOCIATE MEMBER** in the **Association of Connecticut Fairs** for the period beginning November 1, 2016 and ending October 31, 2017.

I understand that my acceptance, if received by December 1st of the given year, may allow my name or business name to be printed as a member in the "2017 Connecticut Agricultural Fairs" brochure if room is available. I also understand that no matter when I become a member of the Association I will be listed on the Associations Web Page with the phone number, type of business, and email address I have provided.

Annual membership fee for Associate Membership is \$50.00.

Please enclose check made payable to the "ASSOCIATION OF CONNECTICUT FAIRS, INC."

Please check here: ___ Renewal of membership ___ New Membership

Mail Application and check to:

Association of Connecticut Fairs, Inc.
873-B Farmington Avenue, Berlin, CT 06037
860. 982.1366 • info@CTAgFairs.org



THE ASSOCIATION OF CONNECTICUT FAIRS, INC.
Associate Member Application

CTAgFairs.org

MASSACHUSETTS AGRICULTURAL FAIRS ASSOCIATION

Fair/Company Name _____ Telephone () _____

Contact _____ Title _____

Address _____

City _____ State _____ Zip _____

Website _____ Contact Email _____

General Info Email _____ General Info Phone _____

Signature _____ Title _____

Fair Dates Fair _____

Annual dues run from January 1 to December 31. Fair dues are \$20.00 per operating day. The fee is \$50.00 for all associate categories. Please make all checks payable to: ***Mass. Agricultural Fairs Association***

Fair Member: # _____ Days X \$20.00 per Day = \$ _____

Associate Member: \$50.00 \$ _____

Total Enclosed \$ _____

Type of Associate Membership (Please check one)

- | | |
|---|---|
| <input type="checkbox"/> Association | <input type="checkbox"/> Events |
| <input type="checkbox"/> Attractions & Acts | <input type="checkbox"/> Fair Supplies |
| <input type="checkbox"/> Booking Agency | <input type="checkbox"/> Fireworks |
| <input type="checkbox"/> Carnival & Rides | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Commercial Exhibit | <input type="checkbox"/> Security |
| <input type="checkbox"/> Concessions-Food | <input type="checkbox"/> Special Services |
| <input type="checkbox"/> Concessions-Other | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Equipment | |

Mail this form along with check to:

MAFA
Bridget Burns
P.O. Box 125
Abington, MA 02351

P.O. BOX 125 ABINGTON , MA 02351
PHONE 508-468-1552