

Reserve Your Exhibit Space

REGISTRATION FORM

\$225 Per Exhibit Space for members, \$175 for 501(c)3 non-profit members
\$520 for non-members (includes one year membership)

Exhibit Space Includes:

Exhibitor Space / Online Virtual Expo / Draped & Skirted Table / Print Media & Internet Promotion

Contact Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Notes: _____

Amenities: I need electric I need Internet access

Exhibitors will be sent electrical and internet order forms by checking the box above. Extra charges apply.

Payment: \$ _____ Method: Check Visa MasterCard American Express

Credit Card Number: _____ Exp. Date: _____ Vcode: _____

Billing address with zip: _____

Signature: _____

Please send this registration form and payment to:



John Kelly, Marketing Director
Cape May County Chamber of Commerce
P.O. Box 74, 13 Crest Haven Road
Cape May Court House, NJ 08210
Tel: (609) 465-7181 • Fax: (609) 465-5017
john@cmcchamber.com