



NEW JERSEY CHAPTER
 CLUB MANAGEMENT ASSOCIATION OF AMERICA

NEW JERSEY CLUB MANAGERS ASSOCIATION
VENDOR EXPO
 BROOKLAKE COUNTRY CLUB
 FLORHAM PARK, NJ



TUESDAY, MARCH 26, 2019
NOTE NEW TIME: 5: 00 PM- 7:30 PM

_____ YES, our Company wishes to participate in the NJCMA's Vendor Expo

_____ YES, our Company is donating a door prize of _____

Company Name _____

Street Address _____

City _____ State _____ Zip _____

Person to Contact: _____ E-Mail: _____

Title _____ Website: _____

Phone No. (____) _____ Fax No. (____) _____

PRODUCTS TO BE DISPLAYED

Please list the name of your Company's representatives attending and their titles. 3 badges included per table- additional badges cost \$75 pp each. Buffet dinner for the vendors will be served 4-5 p.m.

<u>Name(s) of Attendees for Badges (Please Print)</u>	<u>Title</u>
_____	_____
_____	_____
_____	_____

<u>Additional Representatives at \$75 each:</u>	<u>Title</u>
_____	_____
_____	_____
_____	_____

Club Facilities – Holding and Preparation

Do you require refrigeration space? Yes _____ No _____ If yes, how much? _____

Do you require preparation or cooking in the kitchen? (Please circle)

Oven Broiler Boiling Preparation Other _____

Tables: Each table is 8' x 30", clothed and skirted. Suppliers requesting three or more tables have priority on corner locations.

Electric Outlets: Please state how many amps you require for your equipment _____
 Items that will be plugged in _____

Note: Suppliers providing food or beverage for sampling, should prepare for over 200 people. The Brooklake Country Club will be available for set up from 12:00 p.m. to 4:00 p.m. on Tuesday, March 26, 2019. The show begins at 5:00 p.m. for all entries and runs to 7:30 p.m.

The final registration deadline is March 12, 2019. Payment must accompany your registration form.

All tables will be assigned at the discretion of the committee and will be given out on a first come, first served basis.

MAKE CHECKS PAYABLE TO NEW JERSEY CLUB FOUNDATION:

**Please fill out and return this form along with your entry fee by March 12, 2019 to: Andrea Randall
 Brooklake Country Club
 139 Brooklake Road
 Florham Park, NJ 07932
 (973) 377-2235 Fax: (973) 377-9091**

	<u>Early Registration Before 2/12/19</u>	<u>Registration After 2/12/19</u>	<u>Total Amount</u>
Please reserve one table	_____ @\$800.00	_____ @\$900.00	\$ _____
Please reserve extra tables	_____ @\$675.00	_____ @\$700.00	\$ _____
Additional Representatives	_____ @\$75.00	_____ @\$75.00	\$ _____
Total			\$ _____

Payment Method: (Please check one) Check _____ Credit Card _____

Payment must be received by deadline date for early registration fee. All payments are final as this is a charity event. No refunds are given in the event of cancellations.



**NEW JERSEY
CHAPTER**
CLUB MANAGEMENT
ASSOCIATION OF AMERICA

NEW JERSEY CLUB MANAGERS ASSOCIATION
VENDOR EXPO
BROOKLAKE COUNTRY CLUB
FLORHAM PARK, NJ



TUESDAY, MARCH 26, 2019

Please complete the following information to make a payment to the
NJ Club Foundation Vendor Expo via credit card.

CREDIT CARD AUTHORIZATION FORM

Company Name: _____
(Please Print)

Exhibiting As (if applicable): _____

BILLING INFORMATION

Cardholder Name: _____

Billing Address: _____

_____ Zip Code _____

Phone No. _____

Email Address _____

PAYMENT AUTHORIZATION

I hereby authorize NJ Club Foundation to charge the amount listed below to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder Signature

Date

We understand that all payments are nonrefundable. The NJCF Vendor Expo is 100% prepay. If the above amount is not 100% prepayment, the NJ Club Foundation is authorized to charge the remaining amount. No additional signature is required. If you need any other information please call Andrea Randall at 973-377-2235 or Rosemary Panno at 201-891-4490 x611. Incomplete credit card authorization forms will not be processed for payment.

PCI compliance requires that all credit card information
must only be received via fax line : **(973) 377-9091**

This section will be shredded once your card has been processed.

Credit Card Number # _____

Expiration Date (MM/YY): _____

CCV Digit Code: _____

Card Identification No. _____ (last 3 digits on back of credit card)

Master Card Visa Amex

Amount to be Charged: _____