



NEW JERSEY CLUB MANAGERS ASSOCIATION
VENDOR EXPO
CRESTMONT COUNTRY CLUB
WEST ORANGE, NJ



TUESDAY, MARCH 31, 2020

Company Name _____

Street Address _____

City _____ State _____ Zip _____

Person to Contact: _____ E-Mail: _____

Title _____ Website: _____

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

PRODUCTS TO BE DISPLAYED

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.
Crestmont Country Club will be available for set up from 12:00 p.m. to 4:00 p.m. on Tuesday,
March 31, 2020. The show begins at 5:00 p.m. for all entries.

The final registration **deadline is March 15, 2020. 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.

Get more recognition! Donate a door prize to be distributed at the networking reception.

Our Company is donating a door prize of _____.

MAKE CHECKS PAYABLE TO NEW JERSEY CLUB FOUNDATION:

Please fill out and return this form along with your entry fee by March 15, 2020 to: **Andrea Randall**
Essex County Country Club
350 Mt. Pleasant Avenue
West Orange, NJ 07052
(973) 731-1400 Fax: (201)891-0211
andrea@essexcountycountryclub.com

	Early Registration	Registration	
	Before 1/31/20	After 1/31/20	Total Amount
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.

Please list the name of your Company's representatives attending and their titles. 3 badges included per table- additional badges cost \$75 pp each. A meal will be provided between 3:30-4:45 PM.

Booth tables can only be assigned to a single company name. Multiple companies will require multiple registrations.

Name(s) of Attendees for Badges (Please Print)

Title

Additional Representatives at \$75 each:

Title



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



**NEW JERSEY CLUB MANAGERS ASSOCIATION
VENDOR EXPO**

CRESTMONT COUNTRY CLUB
WEST ORANGE, NJ

TUESDAY, MARCH 31, 2020

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 973-731-1400 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 : **(201) 891-0211**

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: _____