

## Marketplace Table Application Friday, June 16 and Saturday, June 17, 2017

Exhibitor Company Name/Secondary Dealer Nam	ne:
Check One Only: Marketplace Dealer [ ]	Secondary Dealer [ ]
Contact Person(s):	
Address:	
City:	
State & Zip:	
	Phone (Work):
Phone (Cell):	Fax:
E-mail:	Website:
Other Requirements (space/special needs):	
Advertisement and/or Coupons for "Goodie Bag"	(approximately 300 flyers/coupons would be needed): Yes [ ] No [ ]
Number of 6 foot tables requested@	\$75.00 each Amount Enclosed: \$
Electricity needed (no cost): Yes [ ] No [	]
For up-to-date information visit <b>www.ncc56.com</b> detsnow56@aol.com for additional information.	<b>n</b> or contact Wanda at 248-437-8676 (home), 248-787-1598 (cell) or
Mail Application, Guidelines Form and check (ma	ade payable to the <b>NCC</b> ) by <b>May 26, 2017</b> to:
Wanda Hildner 347 Boyne Street New Hudson, MI 48165	
Signed Guidelines Form must accompany this sig	ned Application, which must be received no later than May 26, 2017.
Tables will be assigned on a first come-first served electrical access needs.	l basis. However, we will try to accommodate requests for tables with