



# Atlantic City Boat Show

Atlantic City Convention Center

February 27 - March 3, 2019

## Working Exhibitor Information

National Marine Manufacturers Association

237 W. 35th Street , Suite 1006  
New York, NY 10001

Exhibitor of Record/Contract Contact: Contact

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

We do not have any working dealers.

If space is contracted to a **MANUFACTURER or Co-Exhibiting companies**, please list all dealer companies that will be working in your space. Co-Exhibitors/Working Dealers get listed in the List of Exhibitors on the show's website and the printed show guide. They must also register for show credentials, separate from the contracted exhibitor.

### Primary working exhibitor responsible for managing the exhibit:

Company Name: \_\_\_\_\_ Web: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_

### List Additional Working Exhibitor Companies

<p>Company Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>Web: _____</p> <p>Contact Name: _____</p> <p>Contact Email: _____</p>	<p>Company Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>Web: _____</p> <p>Contact Name: _____</p> <p>Contact Email: _____</p>
<p>Company Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>Web: _____</p> <p>Contact Name: _____</p> <p>Contact Email: _____</p>	<p>Company Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>Web: _____</p> <p>Contact Name: _____</p> <p>Contact Email: _____</p>

Note: Any changes to working exhibitor companies & contacts must be forwarded immediately. We will forward a separate badge order form directly to each Working Exhibitor listed above. By signing and submitting this form to NMMA, Exhibitor acknowledges, agrees and consents to receipt of notices from NMMA and its affiliates by facsimile or electronically, using the contact information set forth on this form.

Your Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please Print)

### QUESTIONS?

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Web: <http://www.acboatshow.com/>