



NEW OPTION FOR VENDORS!

SFMANJ is offering commercial members another way to pay their dues as well as register for our annual events. As you know, SFMANJ offers three events each year, a spring and fall field day and the trade show at the Rutgers Field day.

We are offering a package deal for vendors to pay their dues and field days all at once.

If you want your registration to cover:

- One member's dues, all three trade shows – booth only \$675.00
- One member's dues, all three trade shows – booth and one demo at each \$1,000.00

Or take advantage of our \$500.00 Sponsorship Program.

- One member's dues, all three trade shows - booth only plus \$500.00 sponsorship \$1,175.00
- One member's dues, all three trade shows – booth and one demo at each plus \$500.00 sponsorship \$1,500.00

With this sponsorship, SFMANJ will include your logo on all e-mail sent out to members as well as on the home page of the web site and on the back cover of the newsletter.

Please consider helping SFMANJ in it's efforts to help educate the area's sports field managers and to bring quality speakers to our field days. Your sponsorship will help us keep our field days free to those who wish to attend.

- New Member** **Returning Member,**

Please fill out and mail back with payment to:

P.O. Box 205 • Pennsville, NJ 08070 • Phone/Fax: 856-514-3179 • Web: www.sfmanj.org • E-mail: mail@sfmanj.org

Please Check One

- One member's dues, all three trade shows – booth only \$675.00
- One member's dues, all three trade shows – booth only and a \$500.00 dollar sponsorship \$1,175.00
- One member's dues, all three trade shows – booth and one demo at each \$1,000.00
- One member's dues, all three trade shows – booth and one demo at each and a \$500.00 dollar sponsorship \$1,500.00
- Additional Members (each) \$50.00

Name _____ Title _____

Additional Name _____ Title _____

Additional Name _____ Title _____

Employer/Facility _____

Address _____

City _____ County _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Fax _____ Referred By _____

E-mail (**MUST have either work or home e-mail**) _____

- Return form with CHECK** **OR** **Pay by CREDIT CARD** Visa MasterCard Discover American Express

Card Number _____ Exp. Date _____

Cardholder Name _____ Security Code _____

Cardholder Billing Address _____ Zip Code _____

Please Sign: _____ Date _____

TOTAL _____