

EXHIBITOR / SPONSORSHIP PACKET



**36th Annual Convention
March 17-18, 2017**



Holiday Inn Sunspree Resort

1706 N. Lumina Avenue

Wrightsville Beach, NC 28480

Toll Free: 877-330-5050 Local: 910-256-2231

**Need
Further
Information Contact:**

Cathy P. Horton
Executive Director
P.O. Box 58220
Raleigh, NC 27658
Ph: 919-413-9544
Fax: 919-882-8533
Email: cathy@seasag.com



P.O. Box 58220 Raleigh, NC 27658
Phone: 919-413-9544 Fax: 919-882-8533
www.ncmelons.com

February 2, 2017

Dear Agribusiness Friend:

We would like to take this opportunity to invite you to participate in the 36th Annual Convention of the North Carolina Watermelon Association, to be held March 17-18, 2017 at the Holiday Inn Sunspree Resort, 1706 N. Lumina Avenue, Wrightsville Beach, NC 28480, Toll Free: 877-330-5050, Local: 910-256-2231. Convention Room Rate: 148.00 Standard Room, Oceanfront Room \$158.00. **Room Cut-off date is March 1, 2017**

Your company has been contacted because of either its excellent support of the watermelon industry in the past or its potential support. We hope you can exhibit this year. For those who are unable to exhibit at this conference, sponsoring is also available. To reserve your exhibit space, please complete the enclosed form and send it along with your check to the address printed on the form.

If you have any questions, please contact me at 919-413-9544 (Phone), 919-882-8533 (Fax), or E-mail, cathy@seasag.com.

Sincerely,

Cathy P. Horton

Cathy P. Horton
Executive Director

Enclosures



Would you like to exhibit at the 2017 Watermelon Convention? We will provide a 6ft. Skirted table and two chairs. Exhibitors may begin display setups at 9:00 a.m., Friday, March 17, 2017 and tear-down after lunch Saturday, March 18, 2017. Exhibitor Fees are \$250

EXHIBITOR FEE: \$250

___ Yes, I would like to exhibit at the Convention. ___ No, I cannot exhibit this year.

___ Exhibitor Fee **\$ 250.00**

___ Exhibitor Registration Fee **(Per Person) \$ 200.00**

Contact Name _____

Company Name _____

Address _____

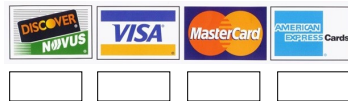
City _____ State _____ Zip _____

Phone: _____ E-MAIL _____

Exhibitor Registration Name:

_____	_____
_____	_____
_____	_____

Method of Payment: Card Type:



Check # _____

Card# _____ Name of Cardholder _____

Billing Address of Card: _____

3 digit code on back of card _____ Exp. Date _____

MAKE CHECKS PAYABLE and mail to: NCWA, P.O. Box 58220, Raleigh NC 27658



APPLICATION FOR MEMBERSHIP

Annual Membership Dues

March 1, 2017 to February 28, 2018

Renewal

New

Company/Firm/Corporation _____

Authorized Official: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

The undersigned, actively engaged in the watermelon industry, desiring to have a part in promoting the best interest of all who may be similarly engaged and realizing the necessity of concerted action through organized effort, hereby applies for membership in the North Carolina Watermelon Association, Inc.

- | | | |
|--------------------------|-------------------------------------|---------|
| <input type="checkbox"/> | ASSOCIATE, indirectly interested | \$40.00 |
| <input type="checkbox"/> | BROKERS and RECEIVERS | \$80.00 |
| <input type="checkbox"/> | GROWERS, who do not buy or sell | \$40.00 |
| <input type="checkbox"/> | SHIPPERS, who buy or sell | \$80.00 |
| <input type="checkbox"/> | SUPPLIERS, of service and materials | \$80.00 |

Remember, if you retain membership in a state Watermelon Association other than North Carolina your dues will be as follows:

- | | | |
|--------------------------|-------------------|---------|
| <input type="checkbox"/> | ASSOCIATES | \$15.00 |
| <input type="checkbox"/> | BROKERS/RECEIVERS | \$30.00 |
| <input type="checkbox"/> | GROWERS | \$15.00 |
| <input type="checkbox"/> | SHIPPERS | \$30.00 |
| <input type="checkbox"/> | SUPPLIERS | \$30.00 |

National Watermelon Association Membership is Automatic.

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