



EXHIBITOR SERVICE FORMS

Take note of the vendors, their rates, and most importantly, all deadline dates.
Use the Exhibitor Checklist section to track and meet all of your Show deadlines.
If you have any questions or problems, please call any of the
Progressive® Insurance Baltimore Boat Show Team:

Dave Bachinski, Show Coordinator: 646.370.3593 dbachinski@nmma.org

Monica Puentes, Show Administrator: 646.370.3660 mpuentes@nmma.org

Josh Rosales, Operations Manager: 646.370.3679 jrosales@nmma.org

Jon Pritko, VP of Northeast Shows: 646.370.3645 jpritko@nmma.org

Colleen Richardson, Public Relations: 312.946.6201 Crichardson@nmma.org

Melissa Hall, Registration Manager: (954) 441-3236 mhall@nmma.org

EXHIBITOR SERVICE FORMS

Deadlines & Checklist

NMMA Payment Portal

Boat Information &
Layout Form

Show Guide Listing Info

Working Exhibitor Info

We look forward to working with you to make the 2019 Show another successful show



PAYMENT METHODS

**** Remember to fax or email us a copy of your Contract Application ****

Regular mail (First Class)

NMMA Payment Center
33928 Treasury Center
Chicago, IL 60694-3900

Make check payable to: NMMA

Reference: invoice/order #, space #, or Baltimore Boat Show

Overnight (FedEx, UPS)

Harris Trust & Savings Bank
Attn: Remittance Processing Div.
Lockbox 33928
311 W. Monroe St., 7th Fl.
Chicago, IL 60606
Tel. 312-461-7572 (For tracking)

Make check payable to: NMMA

Reference: invoice/order #, space #, or Baltimore Boat Show

Credit Card (VS, MC, DISC)

Accepted via NMMA's secure payment site:

<http://orders.nmma.org>

(Login required. Up to \$5,000.00 per transaction.)

AMEX Not Accepted

Wire Transfer

Harris Trust & Savings Bank
111 W. Monroe Street
Chicago, IL 60690
ABA# 071000288
Account# 3568128
Swift Code: HATRUS44

Reference: invoice/order #, space #, or Baltimore Boat Show



BOAT INFORMATION

Due December 14, 2018 to:
 Attn: Josh Rosales / jrosales@nmma.org
 Phone: 646-370-3645 / Fax: 888-649-7786

Exhibiting Company: _____ Space #: _____

Contact Person: _____ Phone#: _____

E-mail address: _____ Fax #: _____

24 Hour/On-Site _____ Cell Phone: _____

Emergency Contact: _____

Please check the appropriate item(s)

CARPET: Decorator rental Exhibitor's own
 HANGING SIGN: Yes No Will pre-ship to Warehouse

PRE-SHIP ALL CARPET & HANGING SIGNS to ELIMINATE DELAYS and OVERTIME INSTALLATION COSTS!

Do you have staging to be set before boats can be picked? Yes No

Make and Model # **	Length Overall	Beam	Weight (lbs.)	Displayed On: (cradle, dolly, or trailer)	Carrier (factory, or dealer)	Requires Handling By NMMA	Is this a New Model or Debut
				*			
				*			
				*			
				*			
				*			
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				*			
				*			
				*			



Working Exhibitor Information

National Marine Manufacturers Association

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

Baltimore Boat Show

Baltimore Convention Center
January 24 - 27, 2019

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, please list all local dealerships that will be working in your space. Dealerships also get listed in the show guide.
If space is contracted to a DEALER, please list all factory/manufacturee representatives that will be working in your space.

Primary working exhibitor responsible for managing the exhibit:

Company Name:
Address:
Phone:
Contact Name:
Web:
City/State/Zip:
Fax:
Contact Email:

List Additional Working Exhibitor Companies

Grid of 8 boxes for listing additional exhibitor companies, each with fields for Company Name, Address, City/State/Zip, Phone, Fax, Web, Contact Name, and Contact Email.

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:

QUESTIONS?

Please contact: Monica Puentes
Email: mpuentes@nmma.org

Phone: (646)370-3660
Fax: (888)649-7786
Web: www.baltimoreboatshow.com

FORM Maryland Sales and Use License Application
097 For Out-of-State Vendors

20__ __

FEIN Number

□ □ - □ □ □ □ □ □ □ □

SSN of owner, officer or agent responsible for taxes

□ □ □ □ □ □ □ □ □ □

Legal Name of Entity owner		Trade name if different
Number and street		
City / town	State	ZIP code
Telephone number		

Type of ownership:

- Sole proprietorship Partnership
 Non-Maryland corporation Other: _____

Will you have employees with wages subject to Maryland withholding or performing services in Maryland?

- Yes No

Describe business activity which generates revenue:

Identify owners, partners, corporate officers

Name	Title	Address	Telephone number

- To register for Maryland income tax withholding, unemployment insurance, admissions and amusement, tire fee, or motor fuel taxes File a Combined Registration Application (COM/RAD - 093) online at www.marylandtaxes.com
- If you don't have a federal employer ID number when you submit this application, and one is required, leave the space blank and submit the number to Central Registration when you receive it from the IRS. Mail to:

Central Registration
 Revenue Administration Center
 110 Carroll Street
 Annapolis, Md. 21411-0001

For questions, call Call Taxpayer Service at 410-260-7980 or toll free 1-800-638-2937, Maryland Relay Service 711.

Maryland tax forms are available online at www.marylandtaxes.com.

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct and complete.

Make checks payable and return to:
 Comptroller of Maryland
 SUT, Revenue Administration Division
 PO Box 17405
 Baltimore, Maryland 21297-1405

or fax this application to:
 Central Registration at 410-260-7908

 Taxpayer or Agent's signature Date



Peter Franchot
Comptroller

John R. Horney, Jr.
Director

Sharon Brechbiel
Chief License Inspector

EXHIBITOR'S AFFIDAVIT
(MUST BE DISPLAYED AT ALL TIMES)

NAME OF SHOW _____

DATE(S) ATTENDED _____

EXHIBITOR'S NAME _____

(please print)

TRADE NAME OF BUSINESS _____

(if applicable)

SOCIAL SECURITY OR FEDERAL ID # _____

MD SALES/USE TAX # _____

HOME ADDRESS _____

CHECK THE APPLICABLE STATEMENT BELOW:

____ **Exhibitor's Statement:**

I do solemnly declare and affirm, under penalties of perjury, that; (1) less than 10% of my **annual gross income** is derived from the sale of like goods, wares and merchandise at the show and (2) I have not participated in more than three (3) shows in the State of Maryland during the previous 365 days.

____ **Manufacturer's Statement:**

I do solemnly declare and affirm, under penalties of perjury, that I grow, make or manufacture the goods which I will display and offer for sale at the show named above.

*****IF YOU DO NOT MEET EITHER OF THE ABOVE CONDITIONS YOU MUST OBTAIN A TRADER'S LICENSE FROM THE CLERK OF THE CIRCUIT COURT. CONTACT THE STATE LICENSE BUREAU AT THE NUMBER LISTED BELOW FOR FURTHER INFORMATION CONCERNING THIS LICENSE REQUIREMENT*****

SIGNATURE _____

*******PLEASE RETURN TO PROMOTER*******