



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 Norwalk Boat Show Team:

Exhibitor Service Forms

Deadlines and Checklist

NMMA Payment Portal

Boat information &
Layout form

Show Guide Listing Info

Working Exhibitor Info
Form

Out of State Sales Tax
Form

Parking Pass

Electrical Form

Plant and Flower Form

Live Aboard Form

Piling / Finger Removal
Form

Float information

Jonathan Pritko, Show Manager (646) 370-3645

Lauren Rosenblatt, Exhibitor Relationship Manager - Bulk / In-Water / Booths (646) 370-3577

Elba Rosales-Rice, Senior Show Administrator (646) 370-3660

Josh Rosales, Operations Manager (646) 370-3679

Melissa Hall, Exhibitor Registration and Ticket Coordinator (954) 441-3236

We look forward to working with you to make the 2017 Show another successful show



PAYMENT METHODS

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

REGULAR MAIL

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

Make check payable to: NMMA

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

OVERNIGHT

(FedEx, UPS, Express Mail)

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 Norwalk Boat Show

CREDIT CARD

(VS, MC, AMEX, DISC)

Accepted via NMMA's secure payment site:

<http://orders.nmma.org> (Login required.)

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 Norwalk Boat Show

BOAT INFORMATION



Return by August 15, 2017 to:
 NMMA BOAT SHOWS
 Attn: Josh Rosales / Jrosales@nmma.org
 Phone: 646-370-3679

Exhibiting Company: _____ Space #: _____

Contact Person: _____ Phone#: _____

E-mail address: _____ Fax #: _____

24 Hour/On-Site _____ Cell Phone: _____

Emergency Contact: _____

| Slip # | Model | Length Overall | Beam | Displayed On: (Cradle, Dolly, Trailer or Water) | Carrier (Factory, Dealer or Water) | Requires Handling By NMMA (Yes or No) | Is this a New Model or Debut |
|--------|-------|----------------|------|---|---|--|---------------------------------|
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- Do you have land displays coming by water? Yes No _____ # of hauls to be made
- Do you have in-water displays coming by truck? Yes No _____ # of launches to be made
- Do you have additional bridge work requiring a crane? Land Display Only Yes No
- Do you have staging to be set before boats can be picked? Land Display Only Yes No

PROGRESSIVE
NORWALK

BOAT SHOW

Update your Official Show Guide Information

[Click here to access the Show Guide Information](#)

- NMMA Login is required
- Updates affect the Official Show Guide distributed for free to attendees and the “Who’s Exhibiting” list on the website.
- If you have Multiple Booths, select the lowest Order #
- Boat Categories apply for Boat Exhibitors only.



Changes to the **Company Account Info & Event Contact Info** must be submitted to erosales-rice@nmma.org (Changes in these sections affect the company’s Master Account, not the Show Guide Listing.)

*TRMG is the official NMMA Show Guide Publisher and the only publishing house authorized to work for NMMA Boat Shows.



Norwalk Boat Show

Norwalk Cove Marina
September 21 - 24, 2017

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

| | |
|--|--|
| Company Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ Web: _____ Contact Name: _____ Contact Email: _____ | Company Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ Web: _____ Contact Name: _____ Contact Email: _____ |
| Company Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ Web: _____ Contact Name: _____ Contact Email: _____ | Company Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ Web: _____ Contact Name: _____ 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: _____
(Please Print)

QUESTIONS?

Please contact: Mrs. Elba Rosales-Rice Phone: (646)370-3660 Fax: (888)649-7786
 Email: erosales-rice@nmma.org Web: www.boatshownorwalk.com

Form REG-1 Business Taxes Registration Application

1. Reason for Filing Form REG-1 Check the applicable box:

DRS use only Connecticut Tax Registration Number

- Opening a new business including but not limited to:
 - a. An existing out-of-state business opening a location in Connecticut;
 - b. Selling at a craft show, flea market, fair, or other venue in Connecticut or selling over the Internet; **or**
 - c. An existing out-of-state business having employees in Connecticut (including nonresident contractors and loan-out companies).
- Opening a new location. **Enter your Connecticut Tax Registration No.:** _____
- Registering for additional taxes. **Enter your Connecticut Tax Registration No.:** _____
- Reopening a closed business.

Enter Connecticut Tax Registration No. of the closed business: _____
- Purchasing an ongoing business. The buyer of an existing business may be responsible for tax liabilities of the previous owner. See the Informational Publication on Successor Liability for Sales and Use Taxes, Admissions and Dues Tax, and Connecticut Income Tax Withholding, on the DRS website.

Enter Connecticut Tax Registration No. of the previous owner: _____
- Forming a business entity under Connecticut law or a non-Connecticut entity required to register with or to obtain a certificate of authority from the Connecticut Secretary of the State before transacting business in Connecticut.
- Establishing a passive investment company (PIC).
- Changing organization type. **Enter your current Connecticut Tax Registration No.:** _____
- Hiring household employees and intend to withhold Connecticut income tax.
- Other (explain); see *Who Needs to Complete REG-1*. _____

2. Business Information: Type of organization

- | | | |
|--|---|--|
| <input type="checkbox"/> Sole proprietorship | <input type="checkbox"/> Limited liability company (LLC) | <input type="checkbox"/> S Corporation |
| | <input type="checkbox"/> Check if taxed as a corporation | |
| | <input type="checkbox"/> Check if taxed as an S corporation | |
| <input type="checkbox"/> General partnership | <input type="checkbox"/> Single member LLC (SMLLC) | <input type="checkbox"/> Limited partnership |
| | <input type="checkbox"/> Check if taxed as a corporation | <input type="checkbox"/> Check if taxed as a corporation |
| | <input type="checkbox"/> Check if taxed as an S corporation | |
| <input type="checkbox"/> Limited liability partnership (LLP) | <input type="checkbox"/> Corporation | <input type="checkbox"/> Other (explain): _____ |

3. Nature of Business Activity

Check the box(es) that best describe your business:

- Retailer Wholesaler Manufacturer Service provider Other (explain): _____

4. Major Business Activity

Describe your major business activities: _____

5. Business Name and Address

| | | |
|--|---------------|--|
| Organization name: Enter the name of the sole proprietor, partnership, corporation, or LLC. | | Federal Employer Identification Number, if applicable |
| Business trade name | | CT Secretary of the State Business ID No., if applicable |
| Business Location: Enter the physical address of the business. A post office box or rural route number is not acceptable. Home-based businesses and flea market or craft show vendors must enter a home address. | | |
| Address line 1 | | Address line 2 |
| City | State | ZIP code |
| Mailing address line 1 (Street or PO Box) | | Address line 2 |
| City | State | ZIP code |
| Business telephone number () | Email address | Bank name |

6. List All Owners, Partners, Corporate Officers, or LLC Members Attach a separate sheet if needed.

| | | | |
|------------------------------------|---------------------------|---------------------|-----------------------------------|
| Name (last, first, middle initial) | | | Title |
| Home address line 1 (street) | | Home address line 2 | |
| City | State | ZIP code | Home telephone number () |
| SSN | Date of birth / / | Bank name | |
| Name (last, first, middle initial) | | | Title |
| Home address line 1 (street) | | Home address line 2 | |
| City | State | ZIP code | Home telephone number () |
| SSN | Date of birth / / | Bank name | |
| Name (last, first, middle initial) | | | Title |
| Home address line 1 (street) | | Home address line 2 | |
| City | State | ZIP code | Home telephone number () |
| SSN | Date of birth / / | Bank name | |
| Name (last, first, middle initial) | | | Title |
| Home address line 1 (street) | | Home address line 2 | |
| City | State | ZIP code | Home telephone number () |
| SSN | Date of birth / / | Bank name | |

7. Income Tax Withholding

Are you an employer that transacts business or maintains an office in Connecticut and intends to pay wages to resident employees or nonresident employees who work in Connecticut?..... Yes No

If you have a Connecticut tax registration number for withholding for another location and intend to file withholding for this new location under that number, enter that number here: _____ and skip to Section 8; otherwise continue.

Are you an out-of-state company voluntarily registering to withhold Connecticut income tax for your Connecticut resident employees who work outside of Connecticut?..... Yes No

Do you intend to withhold Connecticut income tax from pension plans, annuity plans, retirement distributions, or gambling distributions? Yes No

Do you pay nonresident athletes or entertainers for services they render in Connecticut? Yes No

Do you only have household employees and wish to withhold Connecticut income tax?..... Yes No

Do you only have agricultural employees and wish to withhold Connecticut income tax?..... Yes No

If **Yes**, do you file federal Form 943, Employer's Annual Tax Return for Agricultural Employees, and wish to file **Form CT-941**, *Connecticut Quarterly Reconciliation of Withholding*, annually? Yes No

If you answered **Yes** to any of the income tax withholding questions, **enter the date** you will start withholding Connecticut income tax. m m - d d - y y

If you use a payroll service, enter the name of the payroll company: _____

8. Sales and Use Taxes

Do you sell, or will you be selling, goods in Connecticut (either wholesale or retail)? Yes No
Do you rent equipment or other tangible personal property to individuals or businesses in Connecticut? Yes No
Do you serve meals or beverages in Connecticut? Yes No
Do you provide a taxable service in Connecticut? See the Informational Publication, *Getting Started in Business, and the Special Notice on Legislative Changes Affecting the Sales and Use Taxes*, on the DRS website, for a list of taxable services..... Yes No
If you answered **Yes** to any of the sales and use taxes questions, **enter the date** you will start selling or leasing goods or taxable services. - -

9. Room Occupancy Tax

Do you provide lodging rooms for rent in a hotel, motel, or rooming house in Connecticut for 30 consecutive days or less? Yes No
If you answered **Yes**, **enter the date** you will start to provide rooms for rent for lodging purposes in Connecticut. - -

10. Business Entity Tax Do not complete this section if the entity is liable for the corporation business tax.

The **business entity tax** applies to all of the following business types formed under Connecticut law and to those non-Connecticut entities required to register with or obtain a certificate of authority from the Connecticut Secretary of the State before transacting business in the state, whether or not the business has registered or filed a certificate of authority, as the case may be, with the Connecticut Secretary of the State.

- S corporations (Qualified subchapter S subsidiaries (QSSS) are not liable for the business entity tax.);
- Limited liability companies (LLCs or SMLLCs) — any limited liability company that is, for federal income tax purposes, either:
 - Treated as a partnership if it has two or more members; **or**
 - Disregarded as an entity separate from its owner if it has a single member;
- Limited liability partnerships (LLPs); **and**
- Limited partnership (LPs).

Are you a business entity as described above? Yes No
Enter state you are organized under: _____ **Enter date of organization.** - -
If not organized in Connecticut, enter the earlier of the date you started business in Connecticut or the date you registered with the Connecticut Secretary of the State. - -
Enter the month your tax year closes: _____

11. Corporation and Unrelated Business Income Taxes

Corporation Business Tax Do not complete this section if the entity is liable for the business entity tax.

Are you a corporation? Yes No
Are you an LLC, SMLLC, or other association taxed as a corporation?..... Yes No
Is this corporation exempt from federal income tax? Yes No
Have you received a determination from the Internal Revenue Services (IRS) that this corporation is exempt from federal income tax?..... Yes No
If **Yes**, enclose a copy of your IRS letter of determination.
Enter state you are organized under: _____ **Enter date of organization.** - -
If not a Connecticut corporation, enter the earlier of the date you started business in Connecticut or the date you registered with the Connecticut Secretary of the State. - -
Enter the month the corporate year closes: _____

Unrelated Business Income Tax

Are you a federally exempt organization that has unrelated business income attributable to a trade or business in Connecticut?..... Yes No
If you answered **Yes**, **enter the date** the unrelated business income tax liability started. - -

Passive Investment Company (PIC)

Is this corporation a passive investment company as defined in Conn. Gen. Stat. §12-213(a)(27)? Yes No
Enter the date the PIC was organized. - -
Enter Connecticut tax registration number of the PIC's related financial service or insurance company: _____

12. Business Use Tax

If you are registered for or are registering for sales and use taxes, you do not need to complete this section.

Business use tax is due when a business purchases taxable goods or services including the purchase or lease of assets, consumable goods, and promotional items, for use in Connecticut without paying Connecticut sales tax.

Will you be purchasing taxable goods or services for use in Connecticut without paying Connecticut sales tax? Yes No

If you answered **Yes** to the business use tax question, **enter the tax liability start date.** / - /

If you answered **No**, you must complete the *Business Use Tax Declaration* section below.

Business Use Tax Declaration: By registering for any of the taxes listed in this application, you have indicated to the Department of Revenue Services (DRS) that you may have a business use tax liability. Therefore, based on your application, you will be automatically registered for the business use tax unless you complete the following declaration.

I, _____ (name of taxpayer or authorized representative of taxpayer), acknowledge I have read and understand the information concerning the business use tax and declare I will not be liable for business use tax. Please initial here. _____

13. Registration Fee Schedule

Enter the registration fee amount indicated. If you are liable for either sales and use taxes or room occupancy tax, or both, as indicated in Sections 8 or 9, you must pay a \$100 registration fee. Enter the appropriate registration fee(s) from Addendum A if you are registering for the cigarette tax. You must include the total registration fee due with Form REG-1 or your registration application **will not be processed** and will be returned.

Make your check payable to: **Commissioner of Revenue Services.** If you register by mail, send Form REG-1 with your payment to: Department of Revenue Services, PO Box 2937, Hartford CT 06104-2937

Registration Fee

| | | | |
|----|--|----|--|
| a. | If registering for sales and use taxes or room occupancy tax , enter \$100.* | a. | |
| b. | If registering for cigarette tax , see Addendum A. | b. | |
| c. | Total registration fee due: Add Line a and Line b. | c. | |

* No fee is required for room occupancy tax if you are registered or are registering for sales and use taxes.

14. All Applicants Must Sign the Following Declaration

I declare under penalty of law that I have examined this application and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false application to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

| | | | |
|---|--|-------|------------------------------|
| Sign here and keep a copy for your records. | Signature of owner, partner, LLC member, or corporate officer | Date | Telephone number () |
| | Print name of owner, partner, LLC member, or corporate officer | Title | |

PARKING PASS ORDER FORM



Submit to: E-Mail: ERosales-Rice@nmma.org **OR Fax:** 888-649-7786
Questions? Call me! Elba Rosales-Rice **PHONE:** 646-370-3660

A limited quantity of parking passes are available and will be distributed on a first come, first served basis. *An Exhibitor* may request up to **TWO (2) Complimentary Parking Passes per Company**. Additional Parking Passes may be purchased at \$30.00 each. *A Parking Pass is valid during show days – Sept. 21-24 2017.*

Company: _____ Booth(s) #: _____

Address: _____

Submitted By: _____ Phone: _____

E-mail: _____

SELECT ONE: **MAIL** **HOLD** for on-site pick up

COMPLIMENTARY PARKING PASSES _____ **(limit 2 per COMPANY)**

PURCHASE ADDITIONAL PARKING PASSES _____ **x \$30.00 = \$** _____

PAYMENT OPTIONS:

By Check/Money Order, payable to: National Marine Manufacturers Association

Mail to: NMMA - 237 W. 35th Street - Suite 1006, New York, NY 10001 Attn: Norwalk Boat Show

By Credit Card: VISA, MC, DISC*

Send payment link to email listed above.

*Once your order is processed, you will receive an email with a link to NMMA's Secure Payment Site.

MANAGEMENT USE ONLY – DO NOT WRITE BELOW THIS LINE

PARKING PASS #

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ELECTRICAL SERVICES - MARK BALLARD

****DEADLINE: August 21 ****

1. TENT & EXHIBIT HALL BOOTHS:

Electrical Service is available on request, it is not automatically provided. There is no charge to have one 110v outlet. If you have special electrical load requirements, please complete the form below. The request for electrical service to booth spaces must be received in writing no later than Monday, August 22nd.

2. SHORE SPACE:

Shore space exhibitors do not have individual electrical service. You will be billed separately for this service. For information on shore side electrical service contact:

Mark Ballard, Electrical Contractor, 211 Wolfpit Avenue, Norwalk, CT 06851 – (203) 847-8007.

The cost for one shore drop (15amp, 120 volt outlet) will be \$180.00 each (plus sales tax). Note: orders must be placed and paid in full prior to start of show. **On-site requests for this service will incur a surcharge of \$80.00.** Check must be enclosed with your order, payable to Mark Ballard.

During the show all shore power drop outlets will be disconnected during heavy rain conditions for safety reasons. Excluded are outlets under tents protected from the rain.

3. IN-WATER EXHIBITORS:

The following electrical service is available at slips

- a. 30 amp, 125 volt service, 3-wire female receptacle, Hubbell No. 26 CM 10 or CM 63 at docks A, B, and C.
- b. 20 amp U-ground 120 volt single phase at D dock.
- c. 50 amp 125/250 volt service, 4-wire female receptacle, Hubbell No. 63 CM 69 on all Docks. Be prepared to run your boat generators where dock outlets cannot handle the boat electrical load.

Note: We must ask that each in-water boat please use their boat power requirements sparingly to help control power overloads on the main dock-cable lines.

Labor Rates:

Show Rates - \$80.00 per hour.

Applicable Sales Tax:

6.35% Connecticut sales tax must be added to all labor and materials.

Exhibitor Name: _____

Billing Address: _____

Exhibit Space where outlet is required: Main Tent: _____ Land Space: _____ Slip: _____

Contact Person: _____

Authorized Signature: _____ Phone #: _____

ORDERS RECEIVED AFTER AUGUST 21 WILL BE SUBJECT TO LATE ORDER CHARGE (\$80.00) OR MAY NOT RECEIVE ELECTRICAL SERVICE.

Submit to:
Mark Ballard
211 Wolfpit Avenue, Norwalk, CT 06851
Fax: (203) 847-5513

BRUCE'S FLOWERS

PLANT AND FLOWER ORDER FOR THE 2017 PROGRESSIVE INSURANCE NORWALK BOAT SHOW

| QUALITY | PLANT |
|---------|---|
| _____ | Mum Plant (Yellow, White, Rust or Lavender—plants decorated with foil & bows) 8" @ 7.50 |
| | Free Delivery |
| _____ | Large Green Plants (Areca Palms, Warnecki, Rubber Trees, Ficus, Schefflera, etc.) |
| _____ | 3 Foot Green Plant in basket @ \$35.00 Each |
| _____ | 4 Foot Green Plant in basket @ \$45.00 Each |
| _____ | 5 Foot Green Plant in basket @ \$55.00 Each |

Above items for purchase only.

- Fresh floral arrangements to your color specifications @ \$35.00 each and up.
- Our Designers will be glad to make suggestions for your exhibit at no extra charge.
- Planting in customer's box or container (prices on request).
- **SPECIAL SERVICES:** Floral arrangement and corsages for hospitality suites, luncheons and banquets.

All orders must be paid in advance

AMEX MasterCard Visa Check enclosed

Amount: \$ _____ Plus 6.35% Sales Tax = Total Due _____

Name on Card (please print): _____

Credit Card #: _____ Expiration: _____

Signature: X _____

Company: _____ Phone: _____

Address: _____

City, State, Zip: _____

Contact Person: _____ Space/Dock/Slip # _____

Authorized Signature X _____

RETURN WITH PAYMENT TO:

BRUCE'S FLOWERS
454 Main Avenue
Norwalk, CT 06851
(203) 846-1664 ● Fax: (203) 847-0774

EXHIBITOR LIVE ABOARD



Company: _____

Contact Name _____

Phone: _____ E-mail: _____

This list will be held by the Security Desk and will be crossed check with the Live-Aboard passes Issued. Please complete all fields. Overnight access will not be given unless all information is provided.

| INDIVIDUAL NAME | BOAT MODEL/NAME | DOCK | SLIP # |
|-----------------|-----------------|------|--------|
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Employees must present ID and Exhibitor Badge to the Security Desk at the Main Entrance to access show grounds after show closing. All employees with Live-Aboard access must NOT roam the show floor after closing.

I certify that the individual(s) listed above are staying in the boat(s) listed. Failure to comply with the rules will result in forfeiture.

PILING/FINGER FORM



DEADLINE DATE: August 15

Expand your layout or accommodate your bigger boat...

When you remove a piling, you can alter the layout of your boats to make it look more enticing and unique. You can also benefit by putting a wider beam boat in a slip. Your display affects the public's view and sales. Any slips that need pilings removed must be done before move-in. (September 18). The fee for each piling removed is \$575. The fee for a finger removal is \$725. The show does not receive any profit from the piling pulls. It is a service to help you – the exhibitor.

Desired Pilings Removed: _____

Desired Pilings Repositioned: _____

Desired Fingers Removed: _____

Desired Fingers Repositioned: _____

Install Piling: _____ X \$575/piling = \$ _____

Piling Removal: _____ X \$575/piling = \$ _____

Reposition Piling: _____ X \$875/piling = \$ _____

Install Finger: _____ X \$725/finger = \$ _____

Fingers Removal: _____ X \$725/finger = \$ _____

Reposition Finger: _____ X \$975/finger = \$ _____

Total Amount Due \$ _____

Amount Enclosed \$ _____

Balance Due \$ _____

All orders must be paid in full prior to the first day of the show (September 21)

Company: _____ Space: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone: _____ Fax: _____

Email Address: _____

Authorized Signature x _____ Date: _____

**RETURN WITH PAYMENT TO:
NMMA**

Attn: Josh Rosales (646) 370-3679 • Fax: (888) 649-7786



FLOAT INFORMATION

MAKE YOUR GUESTS FEEL AT HOME

You can make your in-water display more attractive and inviting with a floating platform. Create closing rooms and hospitality areas for your guests and hot prospects

Exhibitor Service Forms

Deadlines and Checklist

NMMA Payment Portal

Boat information &
Layout form

Show Guide Listing Info

Working Exhibitor Info
Form

Out of State Sales Tax
Form

Parking Pass

Electrical Form

Plant and Flower Form

Live Aboard Form

Piling / Finger Removal
Form

Float information

Float Sizes:

- 8' x 20'
- 10' x 20'

Float Pricing:

- \$9.25 per square foot.

- Fee includes launching & hauling of float sections, positioning and securing to docks next to your display.
- Some floats vary in height.



Float orders are filled on a first come, first served basis.

Orders made in prior year do not guarantee a reservation for the 2017 show.

For more information and to secure a float

Contact:

Jon Pritko

Show Manager

646-370-3645

jpřitko@nmma.org