

**NORTH/EAST ROOFING CONTRACTORS  
ASSOCIATION**  
**98<sup>TH</sup> ANNUAL CONVENTION AND TRADE SHOW**  
**FEBRUARY 10 - 11, 2026**  
**MOHEGAN SUN, UNCASVILLE, CONNECTICUT**

**REQUEST  
FOR  
EXHIBIT SPACE**

We hereby request exhibition space as described below for NERCA's 2026 Annual Convention and Trade Show at Mohegan Sun, Uncasville, Connecticut. Official contracts will be e-mailed once this form is processed by the association office. Email [kaceto@nerca.org](mailto:kaceto@nerca.org) or with any questions.

**PLEASE COMPLETE THE INFORMATION BELOW.**  
**ANY BLANK FIELDS WILL DELAY THE PROCESSING OF THIS REQUEST.**

**PLEASE PRINT**

Number of Booths requested \_\_\_\_\_ Booth size (10x10) \_\_\_\_\_

Booth Space Requested \_\_\_\_\_ Please indicate your top three booth numbers below.

**Booth Map:** <https://nerca2026.expofp.com/>

1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_ 3<sup>rd</sup> choice: \_\_\_\_\_

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

Name and address of person to whom all convention mail and exhibit instructions should be sent. Please provide an e-mail address to expedite exhibitor information, service kits, and important announcements:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Name of person Completing this form \_\_\_\_\_

**TYPE OF PRODUCT YOU ARE EXHIBITING: please check all that apply**

\_\_\_\_\_ Residential Roofing Manufacturer type: \_\_\_\_\_

\_\_\_\_\_ Commercial Roofing Manufacturer type: \_\_\_\_\_

\_\_\_\_\_ Distributor/Supplier \_\_\_\_\_ Fasteners

\_\_\_\_\_ Roofing Equipment \_\_\_\_\_ Insulation

Other: \_\_\_\_\_

**Payment Details – Convention Order Form**

|                            |                                                                                          |            |
|----------------------------|------------------------------------------------------------------------------------------|------------|
| Credit Card #              | Expiration Date:                                                                         | Signature: |
| CCV # (3- or 4-digit code) | Please Charge: <input type="checkbox"/> 50% Deposit <input type="checkbox"/> Full Amount |            |

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