

Health First 2006 POC Conference

Health First and the Health First Center for Learning are seeking an educational grants to support the **6th Annual Florida East Coast Point of Care Conference** to be held on Friday November 17th, 2006 at the Cape Canaveral Hospital Conference Center in Cocoa Beach, Florida.

The **conference goal** is to provide cutting edge information on Point of Care Testing to a **target audience** that includes Laboratory Personnel, Nurses, and Respiratory Therapists.

Grant moneys may be sent by check made payable to:
Health First Center for Learning and mailed to:

Bea Conrad
Health First Center for Learning
3470 North Highway US 1
Melbourne, FL 32935

The Tax ID Number is 59-3336894.

If you have any questions or need additional information, please contact Edwina Szelag at (321) 434-5249 or Bea Conrad at (321) 434-1969.

Additional opportunities for involvement in this educational offering include:

Purchase of vending space at \$200

Sponsorship of break or lunch (call Bea at 434-1969 for more information)

We appreciate your willingness to support improved patient care through education for health care professionals and look forward to working with you in the future.

Agreement with: Health First Center for Learning
Re: 6th Annual Florida East Coast Point of Care Conference

Name of representative: _____

Name of company: _____

I and the company I represent have agreed to the following participation in the **“6th Annual Florida East Coast Point of Care Conference”** to be held on Friday, November 17th, 2006 at the Cape Canaveral Hospital Conference Center in Cocoa Beach, Florida.

☐ Vendor Table – 11/17/06 To be made payable to the Health First Center for Learning
\$200 before Friday, November 10, 2006.

☐ Educational Grant To be made payable to the Health First Center for Learning
Amount \$ _____ and confirmed by fax or e-mail **before, Friday, November 10, 2006.**
Fax Number: 321-254-5151
E-Mail: beatrice.conrad@health-first.org

☐ Other _____
Amount \$ _____

Name of Company Address and Phone Number:

Contact Person: (Name and phone number)

Signature

Date