



*Educational Conference
September 22, 2017*

VENDOR REGISTRATION FORM

NAME OF SPONSORING COMPANY:	
CONTACT PERSON:	
PHONE NUMBER:	
FAX:	
EMAIL ADDRESS:	
LIST OF VENDOR REPRESENTATIVES FOR ID BADGES (Name and email address):	

Email or fax this confirmation form to Elisabet Pitman Elisabet.Pitman@MedicalCityHealth.com Fax: 469.484.2217
For more information, contact Elisabet Pitman: 972-566-5988 or above email

Make Payment to MCDH Community Benefit Fund and submit to:

**Medical City Dallas Laboratory
Attn: Cynthia Ausburn
7777 Forest Lane Suite A-200
Dallas, TX 75230**

Conference Date & Time:	Friday, Sept 22, 2017 Set Up: 7:30 am	Draped Table (3' x 6') provided
Location of Meeting:	Medical City Dallas Hospital Bldg E, City Hall	
Vendor Sponsorship Fee:	\$300	