

*North Country POC Network*

**VENDOR REGISTRATION FORM**

**Make Payment to North Country POC Network and submit with completed registration to either:**

|  |  |  |
| --- | --- | --- |
| **CONTACTS:** | Yvonne FedersRegions Hospital Primary Point of Care Coordinator 640 Jackson StreetSt. Paul, MN 55101Phone: (651) 254-3569yvonne.j.feders@healthpartners.com  | Stoltz, SusanSt. Joseph's Hospital - HealtheastPOCT Coordinator69 W Exchange St.St. Paul, MN 55102651-232-3758sstoltz@healtheast.org  |
| **MEETING DATE:** | Friday, October 10, 2014 Set Up: 7:30 am |  |
| **LOCATION:** | St. Joseph's Hospital45 West 10th StreetSt. Paul, MN 55102 |  |
| **SPONSOR FEE:** | $250 (Due September 26, 2014) |  |

|  |  |
| --- | --- |
| NAME OF SPONSORING COMPANY: |  |
| CONTACT PERSON: |  |
| MAILING ADDRESS: |  |
| CITY/STATE/ZIP |  |
| PHONE NUMBER: |  |
| FAX: |  |
| EMAIL ADDRESS: |  |
| PRODUCTS YOU PLAN TO DISPLAY: |  |
| EQUIPMENT NEEDED: |  |

We rely on sponsorship fees to help cover costs incurred for our meetings. These costs may include, but are not limited to: speakers, meeting room fees, audio/visual equipment, printed materials, food and beverages.

We appreciate your support as a sponsor. However, due to limited space, we ask that you please limit the number of representatives from you company to two (2).

**Inquires to:**

Yvonne Feders**,** Regions Hospital**,** Primary Point of Care Coordinator, 640 Jackson Street**,** St. Paul, MN 55101Phone: (651) 254-3569yvonne.j.feders@healthpartners.com

Agenda details to follow