



2018 Southwest Regional POC Meeting Vendor Registration Form

NAME _____

Company _____ E-Mail _____

Mailing Address _____ State _____ ZIP _____

Contact phone number _____

Yes our company is interested in hosting vendor booth. Donation amount _____

Number of free vendor dinners on Thursday night dinner is based on sponsorship levels.

Additional dinners requested: _____ \$25 Guest dinner

Payment Options:

Check Enclosed or Will be paid at Event

Credit Card    

Name as it appears on card: _____

Card Number: _____

Expiration date: _____ (ex: 12/2014)

Card Code (3 digit card verification number found on back of card) _____

Billing Zip Code _____

Mail to: SWRPOCG c/o Katie Alsup, 1421 Lafayette Dr. NE, Albuquerque, NM 87106

Email to: Katherine.alsup@tricore.org

Checks payable to: SW Regional POCG

Special needs for vendor space:

Electrical outlets needed _____

Other _____