



Dear Valued Sponsor:

On behalf of the Virginia Point-of-Care Coordinators, we are pleased to extend to you an invitation to participate in a Vendor Fair to be held on Friday, April 26, 2013 at Chesapeake Regional Medical Center, LifeStyle Fitness Center, located at 736 Battlefield Blvd in Chesapeake, Virginia 23320.



Each vendor will receive full meeting registration for two representatives, admission to the educational session, lunch and an opportunity to network with Virginia Point of Care Coordinators and showcase your latest products. The cost per table per vendor will be \$100.00. Since space restrictions limit us to 15 vendor tables, applications to exhibit will be accepted as they are received until all spaces have been assigned. To reserve your exhibit table, please submit a completed application form (enclosed) along with the exhibit fee prior to April 26, 2013. Contact Lisa Durish at lsdurish@yahoo.com if your corporation requires that a Tax ID number be supplied with a request for funds.

Opportunities are always available to sponsor future speakers and other conference events. If your corporation is interested, please contact Lisa Durish at lsdurish@yahoo.com at your earliest convenience.

Thank you for your support of the Virginia Point-of-Care Coordinators Educational Forum and Vendor Fair. Without your support, our programs and activities would not be possible. We look forward to seeing you at the meeting!

Sincerely,

Lisa Durish
Virginia Point of Care Coordinators, President

APPLICATION FOR EXHIBIT SPACE

Application for exhibit space at the April 26th Virginia POCC meeting indicates the applicant's willingness to abide by all accompanying exhibit terms and conditions, general regulations as well as such additional rules and regulations as the conference management deems necessary for the success of the exhibit.

Company Name _____

Contact Person _____

Mailing Address _____

Phone _____ Fax _____

e-mail _____

Product Description _____

Authorized Signature _____

Please print name _____

This application along with the exhibit fee of \$100.00 should be signed and received before April 26, 2013 to:

Name	Lisa Durish
Address	2906 Stone Meadow Court Richmond, Virginia. 23228
e-mail	lsdurish@yahoo.com

Confirmation of your reservation will be sent by e-mail. Please indicate special exhibit needs including specific electrical requirements, outlets, etc.

Provide names of vendor representatives per table. Please print.

1. _____

2. _____

Agenda details will follow.