



### VENDOR SPONSORSHIP OF SPEAKERS

Company name and product: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact email address: \_\_\_\_\_

Amount of donation: \_\_\_\_\_ Meeting (check one): March \_\_\_ June \_\_\_ September \_\_\_

Vendor table: Yes \_\_\_ No \_\_\_ Number of electrical outlets required: \_\_\_\_\_

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### VENDOR TABLES

Company name and product: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact email address: \_\_\_\_\_

Meeting (check one): March \_\_\_ June \_\_\_ September \_\_\_

Number of electrical outlets required: \_\_\_\_\_

Whole table: \$300

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### VENDOR PRESENTATION (AND TABLE)

Company name and product: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact email address: \_\_\_\_\_

Meeting (check one): March \_\_\_ June \_\_\_ September \_\_\_

Number of electrical outlets required: \_\_\_\_\_ Presenter: \_\_\_\_\_

Presentation Title: \_\_\_\_\_

Presentation and table: \$450

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Meeting dates are posted on the **KEYPOCC** website at: <http://www.pointofcare.net/keypocc/index.htm>

Sponsorship form should be e-mailed 45 days before meeting date to **Jeanne Mumford** at: [jmumfor3@jhmi.edu](mailto:jmumfor3@jhmi.edu).

Checks should be made out to "**KEYPOCC**" and mailed to **Jeanne Mumford, 17101 Big Falls Road Monkton, MD 21111**. **KEYPOCC** is a tax-exempt organization, **EIN# 26-0018635**.