



VENDOR SPONSORSHIP OF SPEAKERS

Company name and product: _____

Contact name: _____ Phone: _____

Amount of donation: _____

Meeting: Month: _____ Date: _____ Year: _____

Vendor table: Yes ___ No ___ Number of electrical outlets required: _____

VENDOR TABLES

Company name and product: _____

Contact name: _____ Phone: _____

Meeting: Month: _____ Date: _____ Year: _____

Number of electrical outlets required: _____ Whole table: \$300

VENDOR PRESENTATION (AND TABLE): SELECT MEETINGS ONLY

Company name and product: _____

Contact name: _____ Phone: _____

Meeting: Month: _____ Date: _____ Year: _____

Number of electrical outlets required: _____ Presentation and table: \$450

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 [Jacki Kremser](mailto:jjkrem13@yahoo.com) at: jjkrem13@yahoo.com .

Checks should be made out to “**KEYPOCC**” and mailed to [Jacki Kremser, 141 Bluebird Lane, Winfield, PA 17889](#). **KEYPOCC** is a tax-exempt organization, EIN# 26-0018635.