



2023 North West Point of Care Conference Contributor Registration

Date: Oct 5th and 6th

Contributor Representative:	
Company	
Address	
City/State/Zip	
Contact number	
Email	

How many total representatives from your company will attend the conference: _____

Names of additional representatives: _____

Contributor Description:

- Table and chairs to use to display company info/supplies/instrumentation.
- Recognition
 - Online invite website (exhibit page)
 - Email communications to NW POCT group

Vendor table cost: \$500

- Do you need an outlet (yes/no): _____ (limited outlets available) (additional \$25)
- Provide a raffle prize (yes/No) _____ (\$25 discount for providing a giveaway item-no vendor specific gifts)
- Provide a speaker (Yes/No)* _____ (\$100 discount for providing a speaker)

*Speaker: see list of member speaker requests. Please provide speaker details in email to christin.maurer@providence.org

- Any additional requirements for table _____

Total contributor registration cost: \$ _____

Checks payable to: NW POCT

Mail to:

NW POCT c/o Christin Maurer

16027 SW Westminster Dr Portland OR, 97224