



2024 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 _____

One Thursday night dinner will be provided. Additional dinners requested: _____ \$25 Guest dinner.

Please let us know the total count of attendees that will be at the Thursday night dinner. _____

Payment Options:

Check Enclosed or Will be paid at Event or later date _____

Credit Card    

Name as it appears on card: _____

Card Number: _____

Expiration date: _____ (ex: 12/2028)

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

Billing address:

City _____ State _____ Zip Code _____

Mail to: SWRPOCG c/o Julie Aragon, 434 Capitol Dr SW, Los Lunas, NM 87031

Email to: Julie.Aragon@Tricore.org

Checks payable to: SW Regional POCG

To make room reservations at the Embassy Suites Biltmore

<https://www.hilton.com/en/attend-my-event/southwestregionalpointofcare/>

Or call 1-800-EMBASSY to make their reservations and refer to the 3 letter code -90D

Please make their reservations before October 11, 2024

Special needs for vendor space:

Electrical outlets needed _____

Other _____

Please check Web page periodically.
<http://www.pointofcare.net/Southwest/index.htm>