



SPRING CONFERENCE MAY 16-17

Vendor/Sponsorship Form

(Please print or type) Name _____

Business/Agency Name _____

Street Address _____

City _____ State _____ ZIP _____

Daytime Telephone _____ Email _____

Lunch Sponsor: \$500 for one day 2 Available (Receive free vendor table 10 minute presentation during lunch and Logo on all printed materials)

Snack Sponsor: \$100 per snack, 4 available (Receive free Vendor table with name mention)

Vendor Table: \$25 (Registration includes lunch, table and chair (no table cloths are provided))

Total Payment _____

Checks/Money Order are made payable to Highland-Clarksburg Hospital.

You may pay for the Highland-Clarksburg Spring Conference by credit card: Visa, Mastercard, or Discover

Please charge my: Visa MasterCard Discover

Name on Account _____

Account# _____ Expiration Date _____ CVC _____

Cardholder's Signature _____

Zip Code _____

Please mail registration and checks to:

ATTN: Valerie Hutson

Highland-Clarksburg Hospital

3 Hospital Plaza

Clarksburg WV 26301

Lunch and Snack Sponsorship due by: March 1, 2019

Vendor registration due by: May 20, 2019