



## 2014 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

### 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: 12/2014)

Card Code (3 digit card verification number found on back of card) \_\_\_\_\_

Billing address:  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Mail to:** SWRPOCG, c/o Kathleen David, 2211 Lomas Blvd NE, Albuquerque, NM 87048

**Email to:** [Kathleen.David@tricare.org](mailto:Kathleen.David@tricare.org)

**Checks payable to:** SW Regional POCG

Special needs for vendor space:

Electrical outlets needed \_\_\_\_\_

Other \_\_\_\_\_