

**VENDOR SPONSORSHIP OF SPEAKERS**

Company name and product: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of donation: \_\_\_\_\_\_\_\_\_ Meeting (check one): March \_\_\_ June \_\_\_ September \_\_\_

Vendor table: Yes \_\_\_ No \_\_\_ Number of electrical outlets required: \_ \_\_\_

**VENDOR TABLES**

Company name and product: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_ Phone: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Meeting (check one): March \_\_\_ June \_\_\_ September \_\_\_

Number of electrical outlets required: \_\_\_\_

Whole table: $300

**VENDOR PRESENTATION (AND TABLE)**

Company name and product: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_

Meeting (check one): March \_\_\_ June \_\_\_ September \_\_\_

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**](http://www.pointofcare.net/keypocc/index.htm)

**Sponsorship form should be e-mailed 45 days before meeting date to Jacki Kremser at:**

**Jacquelyn.Kremser@evanhospital.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.**