

Louisiana Council of the Emergency Nurses Association 2018 Vendor/Exhibitor Registration Form

Name of Company: _____

Address of Company: _____

Contact Person: _____

Contact Telephone Number: _____

Email Address: _____

Product: _____

Please choose level of sponsorship:

- Exhibitor during conference (6 foot table) **\$ 700.00**
 - I will need an electrical outlet (you must provide own electrical cord)
 - I will need internet access (free)
 - Number of vendor reps. expected to attend _____ (2 included).

- Sponsorship (**not** exhibiting during conference)
Name will be included on sponsor list to be distributed **\$300.00**

Additional sponsorship:

- _____ \$ _____

Vendor space will be reserved upon receipt of registration and payment.

Lunch and conference registration will be included for all vendors exhibiting during the conference. (This includes two participants per vendor registration, additional fee of \$100.00 for each additional participant)

All exhibitors and contributors confirmed prior to July 1, 2018 will be recognized on a sponsor list distributed in the participant packet. **Your payment may be sent via pay pal account through the www.louisianaena.com/events website.**

PLEASE send completed registration form (and payment if not paid online) to:

Vendor Representative Name and Contact Information:

John Armand

319 Cheramie Rd.

Port Barre, LA 70577

Email: johnarmand@bellsouth.net or johnarmand@opelousasgeneral.com

337-948-5140 (o)

337-945-5823 (c)