



California VN Educator Conference

Tax ID # 77-0011017

Vendor Registration/Donation Form

(PLEASE PRINT OR TYPE)

CONFERENCE DATES: Spring Conference April 21-22, 2017

Embassy Suites, 100 Capitol Mall, Sacramento, CA 95814

REP. NAME: _____ TELEPHONE _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COMPANY: _____

E-mail address (to send conference announcements):

Tables are \$250.00 per table for the two-day conference (no separate rate for only one day)

Check desired choices:

FRIDAY: _____ SATURDAY: _____

1 Table _____

2 Tables _____

Interested in sponsoring: Breakfast _____ Lunch _____ Hospitality Hour _____

Donation: _____

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For Payment: Please make checks payable to: California VN Educators

Mail Registration form to: California VN Educators Vendor Registration
P.O. Box 730894
San Jose, CA 95173

If you have any questions, e-mail Tammy Ortiz: - tlbortiz@yahoo.com