

Vendor Registration Form



2011 NDAHC Educational Meeting

- April 19-20, 2011, Comfort Inn,
Bismarck, ND

Name: _____

Company: _____

E-mail: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____

YES, I will be exhibiting: _____ NO, I will not be exhibiting: _____

DATE(s) of exhibiting: _____

YES, I will sponsor a meeting event: ___ Break (\$300) ___ Lunch (\$500)

Special accommodations for exhibiting?: _____

Please remit check in the amount of \$250 with registration form (\$150 for NDAHC Associate Members). If your company is sponsoring a break or lunch, the exhibit fee is waived. Make check payable to NDAHC. Mail or fax registration form to: NDAHC, PO Box 2175, Bismarck, ND 58502-2175 (fax) 701-224-9824

If you have special payment circumstances, please indicate this on your registration form.

If you have questions or would like additional information, please contact Erica Cermak @ 701-224-1815, or e-mail at: erica@aptnd.com