

**THE DELAWARE SOCIETY FOR RESPIRATORY CARE**  
**Vendor Registration**

*Please complete this vendor registration form and return with your check to the address listed below:*

1. Company: \_\_\_\_\_
2. Contact Name : \_\_\_\_\_
3. Contact Phone Number: \_\_\_\_\_
4. Contact Fax Number: \_\_\_\_\_
5. Email address: \_\_\_\_\_

6. (Delaware) Sales Representative Name (if different from contact name)

\_\_\_\_\_

7. Number of Booths \_\_\_\_\_ (\$400.00)

Single Booth includes:

- (1) 6ft. table with cloth
- 8' X 10' area
- Electricity

8. Number of Sales Representatives attending:(max. 2 for breakfast and lunch)

\_\_\_\_\_1                      \_\_\_\_\_2

9. Name(s) and Title(s) of Sales Representative(s) attending (needed for badges):

\_\_\_\_\_

\_\_\_\_\_

10. Please check here if you require electricity: \_\_\_\_\_

11. Do you require CEU's? (Name of person(s) and max. number per table is 2)

1. \_\_\_\_\_                      2. \_\_\_\_\_

12. Payment Options:

- a. Online- Logon to [www.delawarelung.org](http://www.delawarelung.org) for electronic registration and payment.
- b. By Check: Make checks payable to the DSRC (Tax ID # 51-0346528) and mail to:  
The Delaware Society for Respiratory Care  
P.O. Box 5951  
Newark, DE 19714