

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 \_\_\_\_\_ (\$500.00)

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