

TENNESSEE SOCIETY OF GASTROENTEROLOGY NURSES AND ASSOCIATES

VENDOR APPLICATION AND CONTRACT

To participate in the TSGNA 30TH Annual Course at the Crowne Plaza in Knoxville, Tennessee, please complete this application and return it along with your check payable to TSGNA by July 31, 2011.

TSGNA
C/O Lynn Venafro RN, CGRN
1141 Farrington Dr.
Knoxville, TN 37923

E-mail: venafrolynn@yahoo.com
Phone: 865-694-9252
Fax: 865-357-2243

Company Information:

Company Name: _____

Contact: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ Fax Number: () _____

We would like to participate in the following manner:

Exhibiting Exhibit breaks are scheduled for Saturday, October 22, 2011 at times to be determined.

We need _____ vendor display area(s) @ \$750.00 per area = \$ _____

Electrical access needed: () Yes () No

(There is no additional charge, but I need to know in advance.)

Please prepare badges for the following people:

Financial Sponsorship

We would like to participate at the following level:

Platinum Greater than \$1,500 Gold \$1,001 - \$1,500

Silver \$501 - \$1,000 Bronze \$250 - \$500

Other _____

Donations may be divided into more than one of the following categories. Please indicate below how you wish to have your donation designated.

We would like to designate our funds for the following activity / activities:

Speaker honorariums and scholarships _____ (amount)

Course related items (bags, nametags, syllabus cds and related items)

_____ (amount)

Food functions (continental breakfasts, Saturday luncheon, coffee breaks and associated activities)

_____ (amount)

Undesignated _____ (amount)

Social activities _____ (amount)

"In Kind" Sponsorship

We would like to donate the following item(s) for door-prizes

These item(s) for registration packet
