

42nd ANNUAL 2019 KRCS EDUCATION SEMINAR
VENDOR EXHIBITOR REGISTRATION FORM

April 4, 2019
Marriott Hotel and Conference Center
Wichita, KS

COMPANY NAME:

COMPANY WEBSITE:

COMPANY REPRESENTATIVE(s):

Name: Email: Phone:

Name: Email: Phone:

REP ATTENDING SEMINAR FOR CEUs Name License # AARC#

SEND CONFIRMATION EMAIL TO (if different than above):

Name: Email:

Electrical outlet needed: Yes: No:

Registration/Table \$425 (For each category that you choose, please check the box at Left and enter the amounts in boxes to total amount due at bottom)

Additional Badge \$180
Name: Email: Phone:

Additional Table w/ 2 Additional Badges \$325
Name: Email: Phone:
Name: Email: Phone:

Event Sponsorship - \$675 includes vendor registration fee and table

- Refreshment Break \$675
- ~~Wednesday Welcome Reception~~ \$675 **This event has been reserved**
- Thursday Conference Sponsor \$675
- Thursday Vendor Exhibit Sponsor \$675
- Friday Conference Sponsor \$675

TOTAL AMOUNT:

Credit Card – Your card will be swiped at the event.

Provide Credit Card info and your card will be charged:

Name on card: Email:
Card number: exp date:
3 digit security code: credit card zip code:

Check: **Make check payable to: K.R.C.S. KRCS Tax ID# 23-7386953**

Check presented at event.

Check may be mailed to the address on the attached W-9 form or below.

Mail to: Via Christi Hospital
Respiratory Care, Jeff Suderman
929 North St. Francis Street
Wichita, KS 67214

Email to: jeff.suderman@ascension.org

Phone: (316)-777-8595

Feel free to call me if you have questions.