



Vendor Application

17th Annual Delaware Emergency Nurses Association Symposium
 Friday, November 08, 2019
 Dover Downs Hotel and Casino
 Dover, Delaware

(Please print out form and mail back)

Company Name as you would like it printed on symposium materials _____

Company Contact: _____ Phone: () _____

Email address: _____ Fax: () _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Company Representative who will be attending the Symposium: _____

Additional Representative _____

Please note: additional representatives will be assessed \$50.00 for food and beverages costs.

Exhibit table is \$250.00 Final payment is due by October 31, 2019. **PayPal available on website.**

Electricity is available. Do you need Electricity? Yes _____ No _____

Set up time starts at 6:00 AM.

Additional questions or services _____

We are a nonprofit organization; if you need nonprofit information please contact Pam Collins

For additional vendor information:	Send all vendor checks to:	For information about speakers and topics attending as a participant contact:
Pam Collins, RN pamacollins911@gmail.com 302-547-5969	Pam Collins, RN DENA 345 Van Dyke MD Line Rd Townsend, DE 19734 pamacollins911@gmail.com www.de-ena.org for PayPal	Sue Ebaugh sebaugh@comcast.com

DENA use only:

Application Rec. _____ Check Rec. _____ Amount \$ _____ Check # _____