



MNHSWA VENDOR REGISTRATION Thursday October 3rd, 2019

Organization Name: _____

Contact Person: _____

E-Mail: _____

Address: _____ Phone: _____

_____ Fax: _____

(Confirmation will be e-mailed if you provide an email address)

Do you need electricity? Yes / No
 Will you be providing a door prize? Yes /No

Number of conference booklets you would like to receive: _____
 (Note: each book is \$35.00—please include payment with conference registration. These booklets contain handouts for speakers, ***participant information NOT included.)

Number of lunches you plan for on Thursday: _____
 (If you wish to have more than 2, please include \$10.00 for each **additional** meal)

Conference Fee	\$150
Extra lunches Thursday (\$10 each) *if more than 2 (first two included)	
Conference booklets (\$35 each)	
Late fee if registering after September 1 st (\$50)	
Mixer Fee (\$100)	
Total enclosed:	

Name(s) of those who will be receiving CEUs: _____

This completed form and payment (Checks made out to MNHSWA) should be sent by **September 1st** to:

Brandi Blais LSW
St. Cloud Carefree Assisted Living
 1225 E Division St
 St. Cloud MN 56304
 (320) 251-6483 (work)
 (320) 492-2446 (cell)
 (320) 251-2714 (fax)
brandid@spectrumchealth.com

This year you may also choose to pay online by going to: <https://mn-nursing-home-social-workers-association.square.site/>