



VERMONT CHIROPRACTIC ASSOCIATION

Vendor Registration Form

CONTACT INFORMATION:

Company Name: _____

Company Representative(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____

E-mail: _____

PARTICIPATION FEES:

Exhibitor Space (6' x 30" Draped Table) \$275.00 x # _____ = \$ _____

Meeting date: _____ **Total Enclosed:** \$ _____

PAYMENT TYPE:

Check (please make out to the Vermont Chiropractic Association)

MasterCard **Visa** **American Express**

Card # _____ **SEC Code:** _____ **Exp. Date:** _____

Signature: _____

Please return this form to:
Aimee Koch
Vermont Chiropractic Association
30 Lang Drive
Essex Junction, VT 05452
Fax: 802-878-1209