



Vendor Registration Form

Medicare, WSI & BCBSND Fall Seminar
Dr. Michael Jacklitch, H. Hanel & Marsha Buchwitz, S. Vistad
September 24-25, 2016
Radisson Hotel, Bismarck, ND
(701) 255-6000
Rooms are \$109/night blocked under NDCA

Tentative Schedule of Events

Saturday, September 24, 2016

6:00am Vendor Booth Setup available
(Not available on Friday due to room conflict)
8:00am Registration & Breakfast
9:00am Seminar Starts
10:30am Morning Break with Snacks – (15 min.)
VISIT THE VENDORS
12:00pm – 1:00pm Lunch break
1:00pm Seminar Resumes
3:00 pm Afternoon Break with Snacks – (15 min.)
VISIT THE VENDORS
5:00pm Seminar Ends for Day

Sunday, September 25, 2016

8:30am Breakfast
9:00am Seminar starts
10:30am Morning snack break (15 min.)
VISIT THE VENDORS
12:00pm Seminar Ends

**** Vendors will be in the same room as the seminar attendees at this event. ****

Please complete and mail the registration form with your payment to the address below, or register online at www.ndca.net :

Dr. Michael Kelly, Secretary/Treasurer, NDCA, PO Box 722, Minot, ND 58702-0722
Phone: 701-839-0467 Fax: 701-838-1513 Email: ndca.sec.tres@gmail.com
Registration for this event closes on [September 16, 2016](#)

Company Name: _____

Phone: _____

Company Address: _____

Company Representative: _____

Email: _____

Booth Fee: \$150 per 8 ft. table: _____ X \$150 = _____
Sponsor a break for attendees (Booth included): _____ X \$250 = _____
Sponsor breakfast for attendees (Booth Included): _____ X \$500 = _____
Total Vendor Fees: \$ _____

Payment method: Check _____ (Payable to NDCA) VISA _____ MasterCard _____

Name on Card: _____ CVV: _____

Credit Card Number: _____ Exp. Date: _____