Print Form

INFUSION NURSES SOCIETY
CONNECTICUT CHAPTER

Vendor Confirmation for INS Program October 21st, 2010
Please respond before September 10th, 2010

I will be a sponsor for the CT Chapter INS fall program at the Anthony's Ocean View on 10/21/10.

Company Name: _____

Our sponsorship will be:

- ☐ **$450 Exhibit Booth** (includes lunch for 2 attendees; additional persons = $20 / lunch)
- ☐ **Breakfast** (will be announced in the brochure and on the breakfast table)
- ☐ **Lunch** (will be announced in the brochure and on the lunch table)
- ☐ **$100 Gift Card prize for the Vendor Signature Card**
- ☐ **Mary Jane Monast Scholarship $500 Scholarship**
- ☐ **Other:** _____

Name of person(s) attending:

1. _____
2. _____

Need electrical outlet: ☐ YES ☐ NO

Confirmation and payment:

Mail check by 9/10/10 to:

Leslie Leon CRNI
27 Karen Drive
Portland, CT 06480

Please make check payable to:
CT Chapter INS,Tax ID # 061337788

You may return this form via e-mail to:
Leslieleon@comcast.net
For questions, please call:
Office: 860-342-5570
Cell: 860-478-4828

OR

Complete vendor information and submit payment on-line via our website:
www.ctins.org

Location of Event: Anthony's Ocean View
450 Lighthouse Road, New Haven, CT
www.anthonysoceanview.com
(203) 469-9010