

VENDOR REGISTRATION

PLEASE MAIL OR EMAIL THIS COMPLETED FORM TO

DAVID ZAMORA | PO Box 20345, MC 1-224 | HOUSTON, TX 77225
dzamora@texasheart.org

COMPANY NAME: _____
ADDRESS: _____ CITY: _____
STATE/PROVINCE: _____ POSTAL CODE: _____
CONTACT PERSON: _____
PHONE _____ EMAIL: _____

REPRESENTATIVE(S) ATTENDING THE SYMPOSIUM

NAME: _____ NAME: _____
TELEPHONE: _____ TELEPHONE: _____
EMAIL: _____ EMAIL: _____

PRODUCT INFORMATION: LIST PRODUCTS TO BE EXHIBITED DURING THIS MEETING:

- \$500 VENDOR REGISTRATION FEE
 I WOULD LIKE TO MAKE A DONATION TO THE SCHOOL OF PERFUSION IN THE AMOUNT OF \$_____

ALL FEES SHOULD BE IN U.S. DOLLARS, DRAWN ON A U.S. BANK, AND MADE PAYABLE TO TEXAS HEART INSTITUTE SCHOOL OF PERFUSION.

ENCLOSED IS MY CHECK OR MONEY ORDER FOR \$_____

VISA MASTERCARD AMEX DISCOVER

ACCOUNT # _____ EXP. DATE _____

SIGNATURE _____

FOR MORE INFORMATION GO TO **TEXASHEART.ORG/PERFCONF**