



Vendor Registration Form  
April 13-15, 2018  
Fogelman Executive Conference Center  
330 Innovation Drive  
Memphis, TN 38152

**Primary Contact:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_ Organization \_\_\_\_\_  
Work Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Tel \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Fax \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Toll-Free \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
E-mail \_\_\_\_\_ @ \_\_\_\_\_ (required to receive confirmation)

**Name(s) of Representative(s) attending activity (two representatives included with Exhibit Fee):**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_ E-mail \_\_\_\_\_ @ \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_ E-mail \_\_\_\_\_ @ \_\_\_\_\_

**Exhibit fee:**

Full exhibit fee \$500.00 x 1 (one) 8ft. table (2 days) Total \_\_\_\_\_  
 Single session exhibit fee \$400.00 x 1 (one) 8ft. table Total \_\_\_\_\_  
Please specify date for exhibit \_\_\_\_\_  
Payment Total \_\_\_\_\_

**Electrical Outlet Needed:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please make check payable to:** University of Tennessee

**Return to:** Netia Watson, Activity Coordinator  
University of Tennessee Health Science Center  
Department of Family Medicine  
956 Court Avenue, Suite A307  
Memphis, TN 38163  
Office: (901) 448-6737 Fax# (901) 448-8006  
E-mail: [nwatson@uthsc.edu](mailto:nwatson@uthsc.edu)

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