

**VENDOR REGISTRATION FORM
ANNUAL MEETING JUNE 14, 2018**

**TO: Noreen E. Nardi
Hampden County Bar Association
50 State Street – Room 137
Springfield, MA 01103**

FAX: 413-732-6882

Yes, we are interested in sponsoring the HCBA Annual Meeting & Dinner and participating in the vendor show and am enclosing payment in the amount of \$475.

Yes, we are interested in sponsoring the HCBA Annual Meeting & Dinner, but will not be participating in the vendor show and am enclosing payment in the amount of \$250.

Yes, we are interested in participating in the HCBA Vendor Show, but will not be sponsoring the dinner and am enclosing payment in the amount of \$250.

Name of Vendor: _____

Contact Person: _____

Address*** _____

Phone No. _____

Fax No.: _____

E-Mail Address: _____

Name on *Master Card* or *Visa* (Circle One)

Card # _____

Three Digit Code _____ **Expiration Date** _____

Signature _____

We understand that no reservation is confirmed until payment is received.

***** If using credit card, must be address of the card.**