**Please e-mail a high-res logo for our brochure/event posters to** mark.pflug@conehealth.com

---

**Vendor Registration Form**

**Meeting Registration**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Vendor – Affiliate</td>
<td>$275</td>
<td>$285</td>
<td>$295</td>
</tr>
<tr>
<td>□ Vendor – Non-Affiliate</td>
<td>$375</td>
<td>$385</td>
<td>$395</td>
</tr>
</tbody>
</table>

**Table Fee**

- $25
- $30
- $35

- I plan on attending the Thursday Night Dinner
  - Note: Thursday Night Dinner included in registration
- EXTRA Per Guest for Thursday Night Dinner
  - $30 x ____ = _____
  - $35 X ____ = _____
  - $40 X ____ = _____

**REGISTRATION TOTAL**

- □ PEP Course
  - Included
  - Included
  - Included

**CONFERENCE TOTAL ENCLOSED**

---

Please make checks payable to: **North Carolina Health Physics Society (NCHPS)** We cannot accept POs or Credit cards

Mail Registration Form to: **NCHPS, Todd Becker, Treasurer PO Box 37638, Raleigh, NC 27627**

**PRE-REGISTRATION ENDS Feb 19th, 2015 SIGN UP EARLY AND SAVE $$$$**