



December 5, 2016

Dear Vendor:

In 2017, the NJHCSA will be celebrating 60 Years as an Association. We would like you to celebrate this banner year as the longest Central Service association by participating as a vendor at our **29th Annual Spring Educational Seminar and Vendor Exhibition on Sunday, March 19th, 2017** at the Tropicana Hotel, Brighton and Boardwalk in Atlantic City, New Jersey.

As always, your participation and support is greatly appreciated. Help make this the most successful event ever by **participating and/or sponsoring or partially sponsor breakfast, break or lunch.**

Last year we had over **300 registrants** from Central Service, Materials Management, the Operating Room, Infection Control, Hospital Systems, Independent Consultants, and alternative Delivery Sites, representing the North East from Maine to Maryland and as far West as Ohio who attended. **Last year there were representatives from 9 States.**

- **Vendor Exhibit is on Sunday, March 19th, 2017** from approximately **3:45 to 6:00 PM.** There will be refreshments during the Exhibit. All vendor exhibits are expected to be set up and in place by **1:00 PM** and back in the Exhibit Hall no later than **2:15PM.**

“DEADLINES”

- **Vendor registration: February 19, 2017**
- **Hotel reservations, if needed: by February 6, 2017**
1 (800) 345-8767
(Mention NJHCSA to receive special Sunday rate only)

**If there are any questions, please contact
Etta Bushong at (973) 877-5000, dial 8, extension 6551 or**

E-Mail: CBUSHONG@PRIMEHEALTHCARE.COM

Visit our Website

WWW.NJCL.US

VENDOR EXHIBIT APPLICATION

NEW JERSEY HEALTHCARE CENTRAL SERVICE ASSOCIATION

29th Annual Spring Educational Seminar and Technical Exhibition

SUNDAY, MARCH 19th, 2017, approximately 3:45 to 6:00 PM

Tropicana Hotel, Brighton and Broadway, Atlantic City, New Jersey

(Please Print Neatly)

COMPANY: _____

CONTACT PERSON: _____

REPRESENTATIVES: _____

FOR ANY SPECIAL REQUESTS, PLEASE CONTACT ETTA BUSHONG

Yes, I would like to Co-sponsor a Breakfast or Lunch at \$2000 Amount: _____

Yes, I would like to Co-sponsor a Break Refreshments at \$1500. Amount: _____

Yes, I would like to Co-Sponsor the Exhibit Refreshment Hour at \$2500. Amount: _____

Yes, I would like to make an educational donation. Amount: _____

✚ Exhibit fee will be waived for any vendor who co-sponsors a
“Food Service” at or above \$1500. Additional tables will be \$350 per table.

✚ Exhibit fee is \$550, which entitles you to a six-foot table, two chairs, one
wastebasket, and electrical outlets.

Total amount enclosed: _____

“NOW ACCEPTING “PAYPAL”, GO TO WWW.NJCL.US FOR DETAILS”

NOTE: if paying by PayPal, a vendor registration form and exhibit directory form must be sent to the below address to guarantee your booth.

Make Checks Payable to: NJHCSA

Send to:

NJHCSA

P.O. BOX 469

Metuchen, N.J. 08840

“Please send the registration form and exhibit directory form with your payment”

VENDOR EXHIBIT DIRECTORY
(Please Print)

COMPANY: _____

ADDRESS: _____

PHONE NUMBER: Area Code () _____

FAX NUMBER: Area Code () _____

E-MAIL ADDRESS: _____

COMPANY WEB SITE: _____

DESCRIPTION OF COMPANY

(Please Print)

For any special arrangements or any questions, please contact

**If there are any questions, please contact
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E-Mail: CBUSHONG@PRIMEHEALTHCARE.COM

*Thank you, for your time and looking forward
for another successful year!*