APIC

ASSOCIATION FOR PROFESSIONALS IN INFECTION CONTROL AND EPIDEMIOLOGY, INC.

Northeast Florida Chapter 50

Reservation Form for APIC-NEF Chapter # 50 Seminar April 6, 2018

Company Name: _____

Name of Contact: _____

Email: _____ Phone: _____

I will participate in the Vendor Fair ($250/one table): _____
(Includes breaks and lunch for 1, add $30 for each additional exhibitor)

After March 15, 2018 table fee increases to $ 300.00: _____

I will donate a door prize: Yes No

Total Reservation Fees: _____

Please complete this form and return with check **payable to APIC-NE FL Chp 50** and send to:

Mary Matthews
1112 Hawk Watch Circle
St. Augustine, FL 32092
904-819-4781

Or, register and complete form online at www.apicnefl.org

Reservations must be received no later than March 15, 2018 to avoid increased table fee to $ 300.00.

Lunch Selection (Circle one)

*Tuna Salad Sandwich *Turkey Cranberry Wrap * Chicken Salad Wrap
*Vegetable Wrap *Chicken Caesar Salad