

# VENDOR OPPORTUNITY

<b>When:</b>	Wednesday, September 27, 2006 (8:30 am – 4:30 pm)
<b>Where:</b>	<b>EDISON, NJ Holiday Inn 3050 WOODBRIDGE AVE. 732-661-1000</b>

**THE CENTRAL JERSEY CHAPTER OF PAHCOM (Professional Assn of Health Care Office Management) IS HAVING A FULL DAY WORKSHOP ON REIMBURSEMENT & WE'RE LOOKING FOR VENDORS FOR TABLE TOP DISPLAYS**

**(Limited to first 15 vendors)**

**We are expecting between 100 and 105 medical coders, office managers, billers, mid-levels and physicians to attend this full day workshop**

**Fee:** The early bird fee for the table top display is **\$275**, which covers the exhibit space and lunch for TWO of your personnel with the attendees. Vendor seating will be intermixed with the attendees to give you a greater opportunity to socialize with attendees. There will be doorprizes given to the attendees at the full day workshop (at lunch and at the conclusion of the workshop), so if you have shirts, caps, books, gifts, etc.. you wish to have given away, please let us know prior to the workshop. Registrations for vendor space, received on or after August 15, will be \$350. There is limited space available (limited to 15 vendors), so – first paid registrations will have a space reserved. Electricity is NOT provided. Vendors will have the opportunity to visit with attendees during breaks and lunch. You may or may not have access to the internet – depending on the hotel or location.

PLEASE PRINT:

**Business Name:** \_\_\_\_\_ **Type of Bus.:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/St** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**(circle one) Mastercard Visa #** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_ **\$ 275.00** (Unless after 8/15/06 – which is \$350)

**Attendee Name:** \_\_\_\_\_

**(An additional person is another \$125.00)** \_\_\_\_\_

If using a credit card, please complete and fax this today to reserve a space. If mailing a check – please fax this form today to reserve a space & mail check to below address & make checks payable to Don Self & Associates, Inc.

If interested in possibly sponsoring one of the breaks – please check here [ ] & Gayle will contact you.

**DON SELF & ASSOCIATES, INC.**

**305 Senter Avenue Whitehouse, TX 75791**

**903 839-7045 FAX 903 839-7069**

**WEB:** [www.donself.com](http://www.donself.com) **Email:** [donself@donself.com](mailto:donself@donself.com)

Questions? Call Gayle at 903 839-7045