Southeastern Wisconsin Chapter [SEW]
Website

VENDOR REPRESENTATIVE REGISTRATION/APPLICATION FORM

Application Date ____/____/____

Chapter date requesting to attend (please check all that apply)
February □ April □ August □ November □

REPRESENTATIVE INFORMATION

Name _____

Title _____

Preferred Mailing Address _____

City, State, Zip _____

Work Phone # _____ Mobile Phone # _____

E-mail _____

COMPANY

Name of Company _____

Address _____
(If different than above)

City, State, Zip _____

Company Main Phone # _____

Company Web Address _____

Please describe the product or service that you will be exhibiting:

_____

_____

Will you provide a 10-minute presentation : Yes_____No_____

Would you consider providing lunch for the Chapter Group: Yes_____No_____

Please complete both sides of form. Only check or Zelle payments are accepted. Checks must be written out to "APIC-SEW". To pay by Zelle, please search for the treasurers phone number (noted below) to proceed with payment
Both forms and *payment must be received at least one day prior to meeting* by APIC SEW Treasurer:

APIC SEW Treasurer – Carrie Johnson
5007 Williams Road
Hartford, WI 53027
Phone: 262-224-4888
carrie.johnson@froedtert.com

Vendor Representative – Amy Goza
APIC SEW President-Elect
agoza@Childrenswi.org

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VISITING VENDOR REPRESENTATIVE RESPONSIBILITY AND POLICY ACKNOWLEDGEMENT FORM

The purpose of this agreement is to establish the following understanding between APIC-SEW and the vendor representatives regarding vendor representative responsibility and policy acknowledgement.

I understand that I have been permitted to conduct business with APIC-SEW. I understand that APIC-SEW does not endorse the product I am displaying. I also understand that I am not able to use the APIC or APIC-SEW's name or logo in any other advertising or marketing of the products and/or services that I am displaying and/or discussing. I understand that these obligations will continue after I have conducted my business.

Vendors shall comply with the following policies:

1. Vendors will be allowed to display their product or technology at the discretion of the board and membership based on space and availability during specified time prior to the Chapter's business meeting.
    a. Vendors are allotted no more than 10 minutes per presentation.
    b. No mention of other vendor products shall be made during the vendor presentation.
        i. Generic references to other products are allowed (e.g., bleach-based disinfectants, UV light disinfection, etc.).
2. Vendors that are members of APIC-SEW will be offered this opportunity before non-APIC SEW members.
3. Vendors will be required to complete and submit the following at least one day prior to the meeting:
    a. Vendor Representative Application
    b. Visiting Vendor Representative Responsibility and Policy Acknowledgement Form
    c. $100 check made out to **APIC-SEW**
        i. ***A $25 late fee will be added if vendor fee is not received at least one day prior to meeting date*****.**
4. Updated vendor forms will be accessible on the APIC-SEW website.

_____ _____

Signature of Vendor Representative Date