



Triangle Medical Managers
www.trianglemedicalmanagers.org

**VENDOR SUBSCRIPTION
ORDER FORM**

Triangle Medical Managers welcomes vendors to attend any of our meetings. A \$25.00 guest fee is charged per person and must be paid in cash or check at the door. For convenience, we offer a Vendor Subscription which allows vendors to pay for all nine meetings during the calendar year with a single check. Subscribers also receive an email reminder for each meeting. Although a single individual is listed to receive the email reminder, any single representative of the vendor company may utilize the subscription to attend a specific meeting.

Vendor Subscription Fee is \$225.00 for each Calendar Year. To order, please complete the form below and mail with payment to:

Triangle Medical Managers
Attn: Roni Baker
P.O. Box 27167
Raleigh, NC 27611

Full Name: _____ Job Title: _____

Name of Business: _____

Mailing Address: _____
Street City State Zip

Telephone: Office () _____ Ext. _____ Fax () _____

Email Address: _____

Signature of Applicant: _____ Date: _____

Administrative Use Only

Paid \$ _____ Check # _____ Date entered into database _____