



VENDOR REQUIREMENTS REQUEST FORM FOR THE SHERATON AUSTIN

Vendor Number: _____
(For Hotel use only)

Group Name: _____

Date Needed: _____

Vendor: _____

Contact Name: _____ **Email:** _____

Address: _____

Phone: _____ **Fax:** _____

CREDIT CARD INFORMATION

American Express _____ Master Card _____ Visa _____ Discover _____ Other: _____

Credit Card Number: _____ **Expiration Date:** _____

Name as it appears on credit card: _____

Signature _____

(ALL REQUESTS MUST BE ACCOMPANIED WITH A CREDIT CARD AUTHORIZATION FOR BILLING)

Items Required:

Easels: _____

Phone Line: _____

DID: _____

EXT: _____

_____ # of Boxes

******\$3.00 per box handling/delivery/storage for boxes shipped to the hotel******

Please label boxes as follows:

Number all boxes (i.e.: 1 of 10, 2 of 10...etc)

Your Company Name

Your Representative Name

Sheraton Austin, c/o Sara Palacios

701 E 11th Street

Austin, Texas 78701

**** THIS FORM IS ONLY FOR BASIC REQUIRMENTS: ADDITONAL REQUIREMENTS CAN BE REQUESTED, CHARGES TO BE ESTABLISHED AT THAT TIME. NO SERVICE WILL BE PROVIDED UNTIL METHOD OF PAYMENT HAS BEEN CONFIRMED.**

PLEASE SEND THIS FORM TO THE FOLLOWING:

Sara Palacios

CONVENTION SERVICES MANAGER

SHERATON AUSTIN

701 E 11TH STREET

AUSTIN, TEXAS 78701

PHONE: 512-404-6934

FAX: 512-479-6458

EMAIL: spalacios@sheratonaustinhotel.com

SUPPLIER REGISTRATION FORM

For the Annual Meeting of
The Texas Chapter of the American Academy of Orthotists and Prosthetists
Austin Sheraton, Austin, Texas, (512) 478-1111
August 14-15, 2009

Company Name

Street

City

State, Zip Code

Company Phone Number

Contact and E-mail address

Please reserve _____ 6' Table(s), at the following rate:

Prior to July 10, 2009: \$300.00 / table

After July 10, 2009: \$350.00 / table (\$175 for workshop presenters)

Table(s) x Rate \$ _____

Each table reserved will entitle the company to two (2) Free Individual Registrations

Additional Individual Registrations: \$100.00 / person \$ _____

(Table(s) x Rate) + Additional Registrations = **TOTAL** \$ _____

Electrical Hook-up (no additional charge):	☐ 120 Volt	☐ 220 Volt	☐ N/A
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Company Representative Name(s) (For Name Tags)

Provide a contact name and number, if you would like to sponsor the Friday evening reception:

Name: _____ Phone: _____

If you would like to contribute a prize for the Exhibit Hall Bingo Game, then please provide a full description. _____

Make checks payable to: TCAAOP

Send registration form to: Jonathan Cassens CPO, LPO, TCAAOP Secretary/Treasurer
PO Box 6284, Bryan, Texas 77805-6284, Fax: 979-776-8447, ctoplp@aol.com

Questions regarding Supplier set up times and details contact:
Scott Jameson CPO, LPO, TCAAOP Vice President,
4601 Hartford, Abilene, TX 79605, Phone: 325.793.3480, sjameson@wtcr.com