



Vendor Form for EDPA Conference

Katy, Texas

EDPA Membership is NOT required to attend.

Vendor Reservation Form – Please submit by September 30th

Business Name: _____

Representative Name: _____

Address: _____

Phone #: _____

Email: _____

Signature: _____

Date: _____

Vendor Space: Space will include 2 6' tables and 2 chairs inside or just outside the Conference room where all activities are scheduled. Be part of the action the entire time, listen to the speakers, hear one on one feedback from your clients and be up to date on equine dental issues. Lunch is included.

Please check the items you wish to reserve (space is limited):

Vendor Space- \$250.00 for entire event

Donation to the EDPA Auction Fundraiser- We would appreciate any donated samples, products, items or other gifts to our annual fundraiser.

Please submit this Vendor Form to Kristina Rector, Membership Director, at office@EDPAonline.org **WITH** Credit Card payment to be paid online at: www.EDPAonline.org, click on Contact Us/Payment

OR

Mail Vendor Form with a check payable to EDPA and Mail to: **2305 S. Day Street Brenham, TX 77833**

For more information please e-mail Kristina Rector at office@edpaonline.org or call at 517-604-1118.



EDPA Continuing Education Covid-19 Liability Waiver
Katy, Texas

By submitting this registration for the EDPA conference on October 21-24, 2021, you are acknowledging that an inherent risk of exposure to Sars CoV-2 (Covid-19) and/or other contagious viruses/illnesses exists in spaces where people convene. By attending the conference, you voluntarily assume all risks of potential exposure and agree to not hold the EDPA, its officers or directors, employees, conference organizers and volunteers liable for injury, illness or even death from such exposure. You also acknowledge that you agree to follow all recommended risk mitigation measures provided by the conference organizers, the facility and any applicable governmental regulations.

Company: _____

Date: _____

Signature: _____

Printed Name: _____

Date: _____

Signature: _____

Printed Name: _____