

# Vendor Event Application



*Associate Members: \$1,200*

*Non-Members: \$2,000*

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*Company Name*

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*Mailing/ Billing Address*

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*City*

*State*

*Zip*

*Phone # (area code first)*

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*Representative Name & Title*

**Vendor Event Applications Only:**

Describe your company. Please limit your description to 25 words. **Note:** The final program will read exactly as you have indicated below. Show ® for registered product names.

☐ Charge to Mastercard/Visa:

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Name as it appears on Card

Credit Card Number

Expiration

Fax form to: **(505) 822-8345** or Email: **dschaefer@nmbankers.com**

**Mail with payment to:**

New Mexico Bankers Association, 7801 Academy Rd NE, Bldg 2- Suite 202, Albuquerque, NM 87109

**\* Payment must be received prior to event.**