



CONNECTICUT ASSOCIATION
OF PUBLIC HEALTH NURSES

Vendor Registration Form

CAPHN Annual Meeting
Thursday, June 22
11:30 – 4 PM
Il Monticello Restaurant
577 South Broad Street
Meriden, CT

Vendor Company Name: _____

Vendor Representative Name: _____

Vendor Rep Phone # _____ Email; _____

Method of Payment: Cash _____ Check _____

Fee: \$50 for table (includes lunch for 1 rep – additional reps -\$30 per person)

Payment due by June 15th.

Please submit payment to:

**CAPHN c/o CNA
Attn: Virginia Malerba
1224 Miller Street
Building B, Suite 223
East Berlin, CT 06023**