

Medicare EXPO Vendor Registration Form

Janet Goeske Senior Center

**Wednesday, October 14th & Thursday, October 22nd
8am – 12pm**

Company Name: _____ Contact Name: _____
(As you would like it to appear in printed materials)

Phone: _____ Email: _____

Category: Health Plan Insurance Broker Healthcare Provider

| | | |
|--|---|--|
| <input type="checkbox"/> ONE DAY Wednesday, Oct 14 8am – 12pm | <input type="checkbox"/> ONE DAY Thursday, Oct 22 8am – 12pm | <input type="checkbox"/> COMBO Wednesday, Oct 14 Thursday, Oct 22 8am – 12pm |
| FEE: \$250 | FEE: \$250 | FEE: \$300 |

Note: JGC will provide (1) table & (2) chairs. Outdoor event – EZ-UP/Canopy recommended to bring.

Payment Type: Check enclosed (payable to Janet Goeske Foundation)
 Credit Card: American Express Discover MasterCard Visa

Payment Information:

Name on Card: _____

Billing Address: _____

Credit Card #: _____ Security Code: _____ Exp. Date: _____

Signature: _____

I am unable to attend, but would like to make a donation of \$ _____
(Please process with the above CC information or check enclosed)

Tax ID 33-0023938 * 501(c) 3 * Your donation is tax-deductible to the extent allowed by law.



Return Form to:
 Rosa Chappell, Center Manager
 Janet Goeske Senior Center
 5257 Sierra Street
 Riverside, CA 92504

You may also reach Rosa Chappell at:
 EMAIL - rchappell@jgf4seniors.org
 PHONE – (951) 351-8800 x202