

**Eastern Carolina Health and Safety School
VENDOR REGISTRATION**

Download and send this form with your payment to the address below:

Full Name:
Company:
E-mail address: (e.g.: *you@aol.com*)

Phone number (with country, city, area codes):

Fax number (with country, city, area codes):

Address:

City/Town: State/Prov.: Post./Zip Code:
Country:

Attendee #1:

@\$200.00

Other Attendees:

@\$50.00 Each

Total Payment Received for Vendor at Safety School:

Send Vendor Registration Payments to:
Eastern Carolina Safety and Health School
ATTN: Steve McKenney
221 Mellen Road
New Bern, NC 28562
252.633.7103

Make checks payable to: Eastern Carolina Safety and Health School