



MACVPR

Montana Association of Cardiovascular & Pulmonary Rehabilitation

2019 Annual Conference

Date: October 3rd & October 4th 2019

Location: St. Peter's Health, Helena, MT

Dear _____,

Please accept this letter as an invitation to participate as a vendor at the Montana Association of Cardiovascular and Pulmonary Rehabilitation (MACVPR), annual conference on October 3rd & 4th 2019.

The MACVPR is an association made up of exercise physiologists, nurses, respiratory therapists and other allied healthcare professionals. We provide educational and networking opportunities for all cardiovascular and pulmonary rehabilitation professionals throughout our state and northern Wyoming. We also promote the rapid dissemination of legislative information from our national association, The American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) that affects current program standards and reimbursement guidelines.

Our Federal Tax Identification #: 34-203-5210

As a vendor, you will be helping us to provide a quality program that will address timely topics relevant to the field of cardiac and pulmonary rehabilitation. There are two different levels that you may choose from. Please see the attached form describing the benefits of each level of participation.

On behalf of the Montana Association of Cardiovascular and Pulmonary Rehabilitation, we want to encourage you to participate in our annual conference and help us to continue providing quality educational programs and networking opportunities for the cardiac and pulmonary rehabilitation clinician. Without the help of vendors like you, we would be unable to achieve our goal of education for all providers to better serve the patient. Please contact me at 406-414-3930 to confirm your interest in becoming a vendor, or if you need any additional information.

Thank you so much for your time and interest in Cardiac and Pulmonary Rehabilitation.

Sincerely,

Steve Daugherty
MACVPR Conference Committee
MACVPR President

Montana Association of Cardiovascular and Pulmonary Rehabilitation
Annual Conference

Date: October 3rd and October 4th, 2019

Vendor Options

GOLD Level

\$750

This option will allow your organization the opportunity to become a vendor with the Montana Association of Cardiovascular and Pulmonary Rehabilitation. Your company name will appear on the vendor's sheet distributed during the conference. You may exhibit a banner or visual display of your organization at the registration table. If desired, you will have the opportunity to give a short presentation highlighting your organization, products and services. Your organization will be recognized at various times throughout the conference. Space will also be provided for you to display your products and literature. You will also receive (3) complimentary registration fees for the conference.

SILVER Level

\$500

This option will allow your organization the opportunity to become a vendor with the Montana Association of Cardiovascular and Pulmonary Rehabilitation. Your company name will appear on the vendor's sheet distributed during the conference. You may exhibit a banner or visual display of your organization at the registration table. Exhibit space will be provided for your products and literature and your company name will appear on the vendor sheet distributed at the conference. You will receive (2) complimentary registration fees for the conference.

Door prizes will be accepted at the conference.

Vendors will be verbally acknowledged for door prizes contributions.



Montana Association of Cardiovascular and Pulmonary Rehabilitation
17th Annual Conference

Date: October 3rd and October 4th, 2019

Location: St. Peter's Health, Helena, MT

Vendor Registration Form

Company Name: _____

Address: _____

Phone: () _____ Fax: () _____ E-mail: _____

Contact Person: _____

Vendor Representative Names: (nametags are required)

Describe your company, products or services:

Do you wish to donate a door prize? Yes___ No___

If yes, please describe the door prize item(s):

Vendor level desired: (check one)

Gold (\$750) _____

Silver (\$500) _____

Amount enclosed is \$ _____

Return this form with payment to: (Make all checks payable to MACVPR).

JacksonStorm@benefis.org.

Jackson Storm
2908 3rd Ave S.
Great Falls, MT 59405

Please contact jacksonstorm@benefis.org for payment related questions.