

NJSME VENDOR FORM

Company Name: _____

Contact Person: _____

Title: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Company Phone: _____

Company Website: _____

What does your company do / sell? _____

Email Address: _____

General Membership Meeting Date: _____

Name of Company Representative: _____

Amount of Sponsorship: \$500.⁰⁰ (NJSME Does Not Accept Credit Card Payments)

Please make checks payable to: **NJSME**
414 River View Plaza, Trenton, NJ 08611
Phone: 609-393-0102 | Fax: 609-393-9891



THE PALACE AT SOMERSET:

333 Davidson Ave., Somerset, NJ, 08877