

# 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.<sup>00</sup> (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

