



VENDOR APPLICATION
Northeastern PA Long Term Care
Association
2017

Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ Email _____

Contact Person _____ Title _____

Description of services provided by organization _____

Additional Contacts:

Name

Title

Email

Desired Method of Contact: Mail _____ Fax _____ Email _____

Type of Educational Programs Requested _____

Annual Dues: \$200.00

Make checks payable to NEPALTCA and remit to: NEPALTCA
PO BOX 3302
SCRANTON PA 18505-0302