

VENDOR ASSOCIATE MEMBERSHIP FORM
THE INDIANA FEDERATION OF AMBULATORY SURGICAL CENTERS

YEAR, 2011

Company Name _____

Address _____

City, State, Zip _____

Telephone () _____

Toll-Free phone _____ Fax Number () _____

Email Address _____ Web Site (if available) _____

Representative _____ Title _____

Contact Address and Other Info
If Different Than Listed Above _____

City, State, Zip _____ Phone () _____

Cell Phone () _____ Fax No. () _____

Email address _____

Alternate Representative (optional: an "AR" does not need to be designated)

Name _____ Title _____

Phone and/or Cell _____ Email _____

IFASC VENDOR ASSOCIATE MEMBERSHIP (IVAM) DUES

\$400.00 () for the 2011 membership calendar year

MAKE CHECKS PAYABLE TO: IFASC, INC.

Please complete this application and return it to:

Carol Blonar
IFASC Executive Director
P. O. Box 2299
West Lafayette, IN 47996-2299

For all things vendor, contact:
IFASC Production
Phone: (765) 742-0872
Email: info@ifasc.com