



Association of Mutual Insurance Companies

Convention Vendor Registration Form

Name: _____
Name for Badge: _____
Company: _____
Address: _____
Phone: _____
E-Mail: _____
Additional guest(s): _____

Registration Fee

Vendor Registration	\$525
Evening Dinner & Entertainment (Sunday evening).....	\$90 x =
Additional Lunch Guest (Monday-1 provided with registration)	\$50 x _=
Additional Breakfast Guest (Monday)-.....	\$50 x =
Additional Breakfast Guest (Tuesday)-	\$50 x = \$
Additional Vendor Sponsorship (optional- see attached).....	_____
Total	_____

Registration forms

Registration forms must be returned to Barbie Lambert by March 1, 2026.

You may fax (423) 815-9013 or e-mail

barbielambert@easttnmutualins.com the form, but payment must be received by March 1, 2026.

Mail forms and Payment to: P.O. Box 328, Blountville, TN 37617

Cancellation Policy

A full refund will be given if notice of cancellation is received on or before March 1, 2026. If cancellation is received after this date a \$50 processing fee will be deducted from refund.