



## philadelphia loss conference

### APPLICATION FOR VENDOR DIRECTORY

(Please Print or Type)

Web Address \_\_\_\_\_

Member's First Name \_\_\_\_\_ Last \_\_\_\_\_

*Mailing Address*

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Company Name \_\_\_\_\_

*Business Address*

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Work # (        ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**PLEASE FORWARD YOUR BUSINESS CARD WITH THIS APPLICATION FOR POSTING ON THE VENDOR DIRECTORY PAGE OF THE PLC WEBSITE.**

*I hereby submit this application to the PHILADELPHIA LOSS CONFERENCE to include my website address on the Philadelphia Loss Conference Vendor Directory page. My check of \$35.00 for 1 year made payable to the Philadelphia Loss Conference is included with this application. This application is subject to the approval of the officers and members of the Philadelphia Loss Conference and I agree to be bound by their decision.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send Application & fees to our Membership Chair:

**Sheila O'Donnell, Esq.**

15 East Ridge Pike, Suite 570

Conshohocken, PA 19428

610.940.4092 x202

[sodonnell@wright-odonnell.com](mailto:sodonnell@wright-odonnell.com)