



*6th Annual*  
*At Your*  
*Service...*

**Mark Your Calendar**

**April 27, 2011**

**& make your reservations now!**

*For reservations or more information contact*

*Jeanette Scire*

*704-935-9459 or [jeanette.scire@hpccc.org](mailto:jeanette.scire@hpccc.org)*

**Celebrate Administrative Professionals Day with us!**

*An elegant affair for you to remember your Administrative Assistant  
and an opportunity to showcase your business.*

**Treat your Administrative Assistant to a unique luncheon experience.**

- ▶ Meet local merchants
- ▶ Door Prizes
- ▶ Gift for each participant
- ▶ Grand Prizes for lucky Administrative Assistant
- ▶ Special prize for the accompanying boss
- ▶ Register and visit our Vendor Fair at **11:30 a.m.**
- ▶ Lunch served promptly at **12:00 noon**

**When:**

***Wednesday, April 27, 2011***

**Where:**

***The Speedway Club @ Charlotte Motor Speedway***

**Sponsored by :**

***Hospice & Palliative Care of Cabarrus County***

A subsidiary of Carolinas Medical Center-NorthEast

# Vendor Fair & Sponsorship Opportunities

*You are invited to participate in our  
6th Annual "At Your Service" Vendor Fair*

Would you like an opportunity to showcase your business and meet the decision makers in our community?  
**AT YOUR SERVICE** is for you! Vendor Fair will begin at 11:30 am

For more information about the vendor fair, corporate sponsorship or luncheon, please contact:  
**Jeanette Scire – 704-935-9459 or [jeanette.scire@hpccc.org](mailto:jeanette.scire@hpccc.org)**

*Seating Limited – Send your reservations now!*  
**RSVP by April 15, 2011**

Name of Company \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Contact person \_\_\_\_\_ email \_\_\_\_\_ phone \_\_\_\_\_

Name(s) of person(s) attending *At Your Service*

*Please highlight name of boss attending*

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_

9. \_\_\_\_\_ 10. \_\_\_\_\_

# tickets \_\_\_\_\_ x \$35 = \_\_\_\_\_ Total amount enclosed Check Enclosed \_\_\_\_\_ Credit Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

I will be unable to attend, but please accept my gift of \$ \_\_\_\_\_ Number of vegetarians \_\_\_\_\_ Other dietary restrictions \_\_\_\_\_

*Make checks payable to HPCCC and note in memo "At Your Service" and return to:*

Hospice & Palliative Care of Cabarrus County  
5003 Hospice Lane ♦ Kannapolis, NC 28081 ♦ 704-935-9434 ♦ [www.hpccc.org](http://www.hpccc.org)