

LTVEC MEMBER REGISTRATION

BEST Center
Assistive Technology Buyers Program

The following information will assist us to provide you with the best service and to insure that all appropriate people are contacted regarding our different services.

NAME OF SCHOOL, SCHOOL SYSTEM OR INSTITUTION: _____

Key Contact Person(s) for Co-op matters

Supervisor of Special Education: _____

Mailing Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

Assistive Technology Coordinator: _____

Mailing Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

Purchasing Department (Person who processes PO's, conducts bids, or sets policy)

Purchasing Contact: _____

Mailing Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

Billing/Accounts Receivable

Accounting Contact: _____

Mailing Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

PLEASE PROVIDE SUPERVISOR CONTACT INFORMATION FOR OT, PT AND SLP BECAUSE WE FREQUENTLY PROVIDE SALE AND TRAINING INFORMATION ON AN ARRAY OF SUBJECTS AND PRODUCTS.

OT Supervisor: _____

Mailing Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

PT Supervisor: _____

Mailing Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

Speech & Language Pathologist: _____

Mailing Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

Please Send to LTVEC
1094 Mulberry Street, Loudon, TN 37774
Phone: 865-458-8900, Fax: 865-458-8626