



**Texas Department of Insurance**  
**Purchase Order # 45400 16-1071**

Payment Terms: **NET30** Freight Terms: **FOB Destination** Ship Via: **VNDR** PCC: **E** Date: **02/11/16** PO Method: **DG** Dispatch: **Dispatch Via Print** Rev Dt:

**PLEASE NOTE: ADDITIONAL TERMS AND CONDITIONS ARE LISTED AT THE END OF THE PURCHASE ORDER.**

**Vendor:** Adventist Health System / Sunbelt Inc  
Central Texas Medical Center  
1301 Wonder World Dr  
San Marcos TX 78666-7533  
United States

**Ship To:** 2F0032  
7915 Cameron Road  
Austin TX 78754  
United States

**Vendor ID:** 1742575462

**Purchaser:** JoAnn Johnson  
**Phone:** 512/676-6150  
**Fax:** 512/463-6159  
**Email:** joann.johnson@tdi.texas.gov

**Bill To:** Attn: Acctng - Mail Code 108-3A  
P. O. Box 149104  
Austin TX 78714-9104  
United States

**Fax:**  
**Email:** Invoices@tdi.texas.gov

**PO Information:**  
Exhibit Booth Fee: 30th Annual Health Check  
CTMC Health Screening Fair  
Date: April 12, 2016  
Location: Embassy Suites San Marcos Hotel,  
Spa Conference Center,  
1001 East McCarty Lane,  
San Marcos, Texas 78666  
  
Attendee: Mark Webb  
Ph: 512-676-6276  
Email: mark.webb@tdi.texas.gov  
  
TDI has determined an advance payment is required due to the following circumstances: A state agency may make an advance payment to a vendor who is selling specialized or proprietary goods or services to the agency if the vendor requires the payment to be made in advance. (reference State of Texas Purchase Policies and Procedures Guide, Chapter 2, Section 2.002).

**Authorized Signature**  
*JoAnn Johnson, CFP*  
**02/11/2016**



**Texas Department of Insurance**  
**Purchase Order # 45400 16-1071**

Line-Sch	Line Description	Class/Item	Quantity	UOM	Unit Price	Extended Amt	Due Date
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1- 1	Exhibit Booth Fee: 30th Annual Health Check CTMC Health Screening & Fair Date: April 12, 2016 Attendee: Mark Webb	963/64	1.0000	EA	150.00000	150.00	02/16/2016
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Schedule Total

ReqID:  
0000015114

Exhibit Booth Fee: 30th Annual Health Check  
CTMC Health Screening Fair  
Date: April 12, 2016  
Attendee: Mark Webb

Note to purchasing: Please see attached forms.

Exhibit booths are assigned on a first-come first-served basis.

Vendor requires prepayment to be received by Friday, March 18, 2016 or sooner.

Make check payable to:  
Central Texas Medical Center

Please mail check and completed 2016 Exhibitor Registration Form to:  
Central Texas Medical Center  
1301 Wonder World Drive,  
San Marcos, Texas 78666

For additional information:  
Contact: Sonia Martinez  
Phone: 512-753-3676  
Fax: 512-753-3822  
Email: Sonia.martinez@ahss.org

Item Total for Line # 1

Total PO Amount

All Shipments, Shipping papers, invoices and correspondence must be identified with our Purchase Order Number. Overshipments will not be accepted unless authorized by Buyer prior to Shipment.

**Terms and Conditions:**

The Purchase Order Terms and Conditions can be found at:

<http://www.tdi.texas.gov/general/aspurch.html>

Authorized Signature

*Jean Johnson, CFP*

02/11/2016



**Texas Department of Insurance**  
**Purchase Order # 45400 16-1071**

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**Authorized Signature**

*Jean Johnson, CFP*

**02/11/2016**