

16th ANNUAL MISSISSIPPI ADDICTION CONFERENCE
February 21-23, 2024
@
Sheraton-The Refuge and Conference Center
2200 Refuge Blvd
Flowood MS 39232

Sponsor and Exhibitor Commitment Form

Business Name _____

Address _____

City _____ ST _____ ZIP _____

E-mail _____ Phone _____

Sponsor Level _____ Exhibitor _____

Designated Representative _____

CME/CE Attendee if different than above _____

***** All CME/CE Registrations must complete a separate registration form. Contact our office at 601-261-9899 to obtain a code to waive registration fee. No refunds after January 10, 2024. If cancelled prior to January 10, 2024 a \$100.00 processing fee will be assessed.**

Special Requests: (power source, extension cords) _____

*****All sponsors/exhibitors must complete the attached commitment form. Thank you!**

___ **Exhibitor:** **\$1000.00**
Display Table
1 CME/CE Registration
Listing on sign as exhibitor
Listing in conference brochure as exhibitor
*2 BBQ tickets included

___ **Gold Sponsor:** **\$ 2500.00**
Display table
3 CME/CE Registrations***
Listing on sign as gold sponsor
Listing in brochure as gold sponsor
Recognition at as gold sponsor
Table in Premier Location
3 BBQ Tickets included

___ **Silver Sponsor :** **\$2000.00**
Display Table
2 CME/CE Registration***
Listing on display as silver sponsor
Listing in brochure as silver sponsor
Acknowledgement as silver sponsor
*3 BBQ Tickets Included

___ **Platinum Sponsor:** **\$ 4000.00**
Display Table
4 CME/CE Registrations***
Listing on sign as platinum sponsor
Listing in brochure as platinum sponsor
Recognition as platinum sponsor
Table in Premier Location
4 BBQ Tickets Included

___ **LUNCH Sponsor** **\$7000.00**
(2 available)
Banner Display at Conference recognizing as lunch sponsor
Acknowledgement of Lunch sponsor during opening remarks
Display Table
4 CME/CE Registrations * 5 BBQ Tickets Included**

Check attached _____ Please make payable to Professionals Health Network Inc.
and mail to 5215 Old Highway 11 Suite 80 Hattiesburg MS 39402

Credit card AMEX _____ Visa _____ MC _____

Card # _____

3 digit security code on back _____ Expiration date ____/____ Security Code _____

Printed name of Cardholder _____

(**credit card forms can be faxed to (601)268-0376 or emailed to dcyoung2128@gmail.com)

The deadline for inclusion in our conference brochure and advertising is January 10, 2024.