10th ANNUAL MISSISSIPPI ADDICTION CONFERENCE
Keeping It Simple In Changing Times
February 28 - March 2, 2018
@
The Hilton
1001 East County Line Road
JACKSON, MS 39201
601-957-2800

Host and Exhibitor Commitment Form

Business Name_____

Address _____

City _____**ST** _____ **ZIP** _____

E-mail _____ **Phone** _____

Host Level _____ **Exhibitor** _____

Designated Representative _____

Special Requests: (power source, extension cords) _____

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__Exhibitor: $ 750.00
Display Table
1 CME/CE registration*
Listing on sign as exhibitor
Listing in conference brochure as exhibitor

__Silver Host : $1500.00
Display Table
2 CME /CE Registrations*
Listing on display as silver host
Listing in brochure as silver host
Acknowledgement as silver host

__Gold Host: $ 2000.00
Display table
*3 CME/CE Registrations****
Listing on sign as gold host
Advertisement as break host
Listing in brochure as gold host
Recognition at as gold host

__Platinum Host: $ 3000.00
Display Table
4 CME/CE Registrations*
Listing on sign as platinum host
Listing in brochure as platinum host
Advertisement as breakfast host
Recognition as platinum host

____LUNCH Host $5000.00
Banner with Company Logo displayed at
Conference recognizing as lunch host
Acknowledgement of Lunch host during opening remarks & lunch
Display Table
4 CME/CE Registrations ***

*** **There must be a registration form completed on all attendees that are using the CME registration(s) that are covered under your exhibitor/host fee.)**

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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 ___/____
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 December 15, 2017.