Safe Prescribing and Wellness for Dental Professionals
Friday,October 9, 2026
Table 100
100 Ridge Way
Flowood MS 39232

Sponsor 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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****All levels will include table and two chairs. Please bring your own tablecloth*****

__Exhibitor: $ 475.00 Listed as exhibitor

Break Sponsor $800.00 (Two available)

___Breakfast Sponsor $1500.00 Recognition As Breakfast Sponsor

Lunch Sponsor $3000.00 Recognition as Lunch Sponsor

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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)***