

SAFE PRESCRIBING AND WELLNESS CONFERENCE FOR DENTAL PROFESSIONALS
Friday, September 27, 2024
Pearl Community Center
2420 Old Brandon Road
Pearl, MS

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) _____

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

Exhibitor: \$ 450.00 **Break Sponsor** \$800.00
Listed as exhibitor (Two available)

Breakfast Sponsor \$1500.00 **Lunch Sponsor** \$3000.00
Recognition As Breakfast Sponsor Recognition as Lunch Sponsor
Premier Location Premier Location

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)*