

APPLICATION FOR COMMERCIAL EXHIBIT SPACE
Mississippi Section, ACOG Annual Meeting
 April 4, 2008
 Country Club of Jackson

Exhibit space(s) (\$1500 each): # _____

Note: Maximum 2 reps per space.
Payment must be received
by March 1, 2008.

Total: \$ _____

Electrical Request (*cannot be guaranteed*): Yes, for: _____

MAKE CHECK PAYABLE TO:

MISSISSIPPI SECTION ACOG
(Tax ID #36-2217981)

Company Name _____

Address _____

City, State, Zip _____

Telephone _____

Representative #1 _____

Representative #2 _____

Local Contact Person _____

Local Address _____

Local City, State, Zip _____

Local Telephone _____

Products or services to be displayed _____

Signature _____

Please complete, sign and return the original of this application along with check to:

G. Rodney Meeks, M.D.
 Program Director, Mississippi Section ACOG Meeting
 Department of Obstetrics & Gynecology
 University of Mississippi Medical Center
 2500 North State Street
 Jackson, MS 39216-4505

We are unable to exhibit, but would like to provide support in the amount of \$ _____
 Check must be included.

FOR OFFICIAL USE ONLY:

SPACE #	Date Exhibit Fee Received	Years Continuous Support