

THE WINFRED L. WISER SOCIETY SUMMER CONFERENCE
July 16-20, 2008
Jackson Hole, Wyoming

FOR OFFICE USE ONLY:	
Space:	_____
Date Fee Received:	_____
Years Continuous Support:	_____

SUPPORT / EXHIBIT SPACE APPLICATION

1. Fax completed application to confirm space (601) 984-6904
2. Mail copy of completed application with payment to:

Payment must be received in
 US Funds payable to:

G. Rodney Meeks, MD
 Winfred L. Wiser Society
 Department of Obstetrics & Gynecology
 University of Mississippi Medical Center
 2500 North State Street
 Jackson, MS 39216-4505

Ob-Gyn Alumni and Wiser Society
 Education Fund
 Tax ID# 20-5480352

by June 1, 2008

COMPANY INFORMATION – Please print:

Company: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Representative: _____

Representative: _____

Name of person who should receive exhibitor details: _____

Address (if different from above): _____

Exhibitor Fees	Fee	# Booths	Payment
Exhibitor Fee (first booth)	\$750	1	
Additional Booth(s)	\$750		
Opportunities for Support	Level of Support		
Wiser Board Welcome Reception*	\$3,000	1	
Corporate Speaker*	\$2,500	1	
Breaks	\$500/day	N/A	

*Complimentary exhibit space with this level of support.

TOTAL: \$ _____

Products / services to be displayed: _____

Authorized Signature: _____