

Lake-Sumter Medical Society's **EXPO 2011**

Exhibitor Registration
Thursday, November 10, 2011
5 p.m. - 8 p.m., Mission Inn
Howey-in-the-Hills, Florida



Organization/Company Name _____
Contact Name _____
Contact Phone _____ Contact Email _____
Preferred method of contact: phone fax _____ email
Mailing address _____
City _____ State _____ Zip _____

Preferred Booth Space

- Triple Table \$1100.00
- includes three 8 ft. tables and skirting
- Double Table \$ 900.00
- includes two 8 ft. tables and skirting
- Single Table \$ 600.00
- includes one 8 ft. table and skirting
or 60" round and skirting

*Special Requests:

- Electricity
 - Wall
 - Wireless Internet
 - Other
- _____
- _____

Requests filled on a first come, first served basis. Priority based on payment and confirmation date.

Door Prize information:

- Donation of a prize for:
 - Physician only
 - Medical staff personnel
 - Both/Either

Description of the item(s): _____

Make checks payable to Lake-Sumter Medical Society and mail to
P. O. Box 1578, Mt. Dora, FL 32756. We also accept VISA, MasterCard & Discover!

Questions? Call us at 352-742-9902,
fax 352-742-9910, or email frontdesk@lakesumter.org

Signature: _____



LAKE-SUMTER MEDICAL SOCIETY