



# Pharmacology & Contemporary Topics



**Friday, June 1, 2018**

## 2018 Exhibitor Form

**MSU Riley Center  
2200 Fifth Street  
Meridian, MS 39301**

**I wish to exhibit on the following level:**

**Table Exhibit: \$250**       **Break Sponsor: \$500**

Please check the appropriate box below for payment of exhibit fee (checks should be made payable to Mississippi Nurses' Association or MNA):

**Company Check**                            

Account Number	Exp. Date	CVV Code	5 Digit Zip Code
Cardholder's Name (please print)		Cardholder's Signature	

**COMPANY NAME** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**REPRESENTATIVES WHO ARE ATTENDING THE WORKSHOP:**

\_\_\_\_\_

**Upon completion return to:**      **Dana Walker**  
Mississippi Nurses' Association  
31 Woodgreen Place  
Madison, MS 39110  
Phone: 601-898-0670 Fax: 601-898-0190