

# Pharmacology of Controlled Substances



**Saturday, June 9, 2018**  
**Oxford, MS**

## 2018 Exhibitor Form

**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**                            

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**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