



**Presented by:**  
**Tri-State Provider Network**  
**Magnolia Regional Health Center**  
**Mississippi Nurses' Association**

**Friday, August 10, 2018**

**Corinth, MS**

# 2018 Exhibitor Form

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

**Table Exhibit: \$300**       **Break Sponsor: \$600**

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
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**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