



MISSISSIPPI SLEEP SOCIETY 2018 WINTER CONFERENCE

Attention friends:

You are invited to the Mississippi Sleep Society 2018 Winter Conference on Friday, February 23, 2018 at 7:00 a.m. The meeting will be held at The Marriott in Downtown Jackson. There will be ample on-site free parking.

The exhibit booth fee is \$200 for a 3x6 table. If you need hotel accommodations for this upcoming meeting please contact Kristina Davis @ 662-902-0493. If you would like to be a sponsor to the MS Sleep Society please see the following sponsorship opportunities:

- **Stage 1 sleep - \$200 or more guarantees your booth fee and our company's logo in the program.**
- **Stage 2 sleep - \$500 or more guarantees your booth fee and a half page advertisement.**
- **Stage 3 sleep - \$750 or more guarantees your booth fee and a full page advertisement.**
- **Stage REM sleep - \$1000 or more guarantees your booth fee, sponsored table in lecture hall and your logo on our REM Stage Sponsor banner.**

The MSS loves our vendors and we would love to offer our vendors CEUs for respiratory, sleep, and/or nursing! CEUs will only be given to the two individuals present at the booth. Each individual must fill out the needed information on the application. Please feel free to contact me if you need anything.

Kristina Davis, Secretary
Mississippi Sleep Society
Email: kdavis@coahomacc.edu
Cell# 662-902-0493
On Facebook: [The-Mississippi Sleep-Society](#)
On the Web: www.mssleepsociety.com



Mississippi Sleep Society 2018 WINTER CONFERENCE

VENDOR REGISTRATION FORM

DIRECTIONS: Please provide your contact information below.

Person Coordinating Arrangements _____

Person(s) Attending the Event _____

Company _____

Street _____ Suite _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ Cell _____

Email Address _____

EXHIBIT BOOTH PRICING:

\$200.00 PER BOOTH _____ 3X6 TABLE (STAGE 1 SPONSOR)

SPONSORSHIP:

STAGE 2 SPONSOR (500.00+) _____

STAGE 3 SPONSOR (750.00+) _____

REM STAGE SPONSOR (1,000.00+) _____

THE FOLLOWING WILL BE COVERED WITH A REM STAGE SPONSORSHIP:

VENDOR BOOTH, SPONSORED TABLE INSIDE OF LECTURE HALL, YOUR LOGO IN MEETING PROGRAM AND YOUR LOGO ON OUR SPONSOR BANNER.

METHOD OF PAYMENT:

_____ Check or Money Order (Make payable to: Mississippi Sleep Society)

_____ Cash

_____ Credit card

___ VISA ___ MASTERCARD ___ DISCOVER ___ AMERICAN EXPRESS

_____ EXP. DATE _____ CSC _____

**MAIL TO:
Mississippi Sleep Society
P.O. BOX 2386
MADISON, MS 39130**

BY SIGNING BELOW, I REPRESENT AND AGREE AS FOLLOWS:

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS SET FORTH IN THIS APPLICATION.

- 1) I AM AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF _____ (COMPANY'S NAME).
- 2) I UNDERSTAND AND AGREE THAT UPON MY SIGNATURE AND ACCEPTANCE OF THIS APPLICATION BY OBLIGATION OF THE COMPANY PURSUANT TO THE TERMS AND CONDITIONS OF THIS APPLICATION.
- 3) I ALSO UNDERSTAND AND AGREE TO THE MISSISSIPPI SLEEP SOCIETY (MSS) CANCELLATION POLICY.

CANCELLATION POLICY: ALL CANCELLATIONS MUST BE RECEIVED IN WRITING, FAX AND/OR E-MAIL. ANY CANCELLATIONS SUBMITTED WITHIN TWO WEEKS OF THE MEETING IS ENTITLED TO A REFUND EQUAL TO 30% OF THE TOTAL SPONSORSHIP FEE PAID. ANY CANCELLATIONS SUBMITTED AFTER TWO WEEKS WILL NOT BE ENTITLED TO A REFUND.

SHOULD YOU HAVE QUESTIONS, PLEASE DO NOT HESTITATE TO CONTACT [Kristina Davis](#), SECRETARY OF MISSISSIPPI SLEEP SOCIETY AT 662-902-0493 OR EMAIL ME AT: kdavis@coahomacc.edu

PRINT NAME _____

TITLE _____

SIGNATURE _____

DATE _____

CEUs for our WONDERFUL VENDORS!

Company _____

1. Name _____

Credentials _____

AARC/AAST# _____

E-mail _____

2. Name _____

Credentials _____

AARC/AAST# _____

E-mail _____