



152 Watford Pkwy Dr Ste 109 | Canton MS 39046 | (601) 407-3226 | [www.msanp.org](http://www.msanp.org) | [msanp@msanp.org](mailto:msanp@msanp.org)

## 2019 SOUTHAVEN Primary Care Conference

### Exhibitor Registration Form

Saturday, May 18, 2019

HOLIDAY INN SOUTHAVEN CENTRE

280 Marathon Way, Southaven, MS 38671 • FOR RESERVATIONS CALL 601-349-0444

Organization Rep (PRIMARY): \_\_\_\_\_

Organization Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

SECOND Organization rep attending, name and title (limit 2 reps): \_\_\_\_\_

**Basic Exhibitor Fee: \$250**

**Exhibitors will be provided with a covered table and 2 chairs. Electrical outlets are available if requested IN ADVANCE. Exhibitors should set up Saturday, May 18, at 6:30am- 7:30am. Unless arranged with Hotel prior. Submit registration form and payment if not registered online. Table placement will be determined on a "first paid" basis.**

**CHECKS:** Make checks payable to Mississippi Association of Nurse Practitioners (MANP) and mail to:

152 Watford Pkwy Dr Ste 109, Canton, MS 39046.

**CREDIT CARDS:** please choose type, fill out the information required below and fax to 601.510.7833

**PAYMENTS MUST *be received by May 15, 2019, to guarantee a table. No Refunds after 05/10/19***

**REGISTRATION & CANCELLATION POLICY:** You must contact us no later than JUNE 1, 2018 to cancel your conference registration. For conference cancellations made before May 1, 2019, registration fee will be refunded, less a \$50.00 processing fee. **No refunds will be given after May 10, 2019.** *MANP reserves the right to adjust, alter, and/or cancel an event at any point leading up to and during the event date without liability. If an event is canceled, a full refund of paid registration fee will be refunded. By registering for this event, you are granting permission to MANP to share your email information with our attending exhibitors/sponsors and also are giving consent for MANP to use your name, portrait, picture or photograph as part of the MANP events, activities, events, and social media publications.*

American Express  Discover  MasterCard  Visa

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Auth Code: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date