



152 Wafford Pkwy Dr Ste 109 | Canton MS 39046 | (601) 407-3226 | www.msanp.org | msanp@msanp.org

2019 Spring Update & Pharmacology Conference

Exhibitor Registration Form

Friday & Saturday, March 22-23, 2019

Hilton Garden Inn- Starkville, MS

975 Highway 12 E, Starkville, MS 39759 • FOR RESERVATIONS CALL (662) 615-9664

Organization Rep (PRIMARY): _____

Organization Name: _____

Cell Phone: _____ Email: _____

Address: _____

SECOND Rep Attending (limit 2 reps): _____

Exhibitors will be provided with a covered table and 2 chairs. Electrical outlets are available if requested IN ADVANCE. Exhibitors should set up Thurs, March 21, in the evening or Friday March 22, before 7:00am. Unless arranged with Hotel prior. Submit registration form and payment if not registered online. Table placement will be determined on a "first paid" basis. ONLINE PAYMENT PREFERRED

Basic Exhibitor Fee: \$375

PAYMENTS MUST be received by March 1, 2019, to guarantee a table. No Refunds after 03/1/19

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

CHECKS: Make checks payable to Mississippi Association of Nurse Practitioners (MANP) and mail to: 152 Wafford Pkwy Dr Ste 109, Canton, MS 39046.

REGISTRATION & CANCELLATION POLICY: You must contact us no later than JUNE 1, 2018 to cancel your conference registration. For conference cancellations made before MAR 1, 2019, registration fee will be refunded, less a \$50.00 processing fee. No refunds will be given after MAR 1, 2019. MANP reserves the right to adjust, alter, and/or cancel 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 even, 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.

CREDIT CARD – Please charge my:



CARD NUMBER: _____ Exp Date (Month/Year) _____ Code: _____

TOTAL AMOUNT: \$ _____ NAME AS IT APPEARS ON CARD: _____

SIGNATURE: _____ Date _____

BILLING STREET ADDRESS: _____

CITY _____ STATE: _____ ZIP: _____