



2019 Annual Spring Conference March 29 - March 31, 2019

The Battle House Renaissance Hotel
26 North Royal Street
Mobile, Alabama 36602

Hotel reservations: 1-866-316-5957



The Mississippi Podiatric Medical Association will host its 2019 Annual Spring Conference at the Battle House Renaissance Hotel and Spa, 26 North Royal Street, Mobile, Alabama 36602, March 29 - March 31, 2019. The MsPMA Annual Conference is the premier meeting for all podiatric physicians in the State of Mississippi and surrounding areas. Exhibiting at the Spring Conference is your opportunity to increase your company's visibility and build solid business relationships with leaders and decision makers! **The Expo' will open Friday, March 29 and Saturday, March 30.**

Please complete the form below and return before by **March 8th** to be included in the 2019 MsPMA Expo. Should you have any questions or need additional information, please e-mail Angela Weathersby, Executive Director and Conference Organizer at events@mspma.net.

2019 Exhibitor and Sponsor Agreement

The Mississippi Podiatric Medical Association's 2019 Exhibit Hall will be on a first come, first service basis with priority given to companies who are sponsors. Exhibit space and sponsorships sell out quickly, so we encourage you to register soon. Each table-top booth will consist of a skirted 6 ft. table and two chairs unless otherwise indicated. Sponsorships are included with this agreement. All fees include lunch each day. Payment is due upon return of agreement.

Please mail payment and this form to MsPMA c/o Dr. Ricky Roach
999 North Halstead, Ocean Springs, MS 39564 OR
E-mail to events@mspma.net and click link for payments with [credit or debit card](#)

For additional information, please contact:
Angela Weathersby at events@mspma.net or visit our website at mspma.net

Please complete the information below:

Company Name: _____ Contact Person: _____

Address: _____ Telephone #: _____

City, State, Zip: _____ Mobile #: _____

E-mail Address: _____ Badge Name(s): _____

Please include ad with this form according to sponsorship level

EXHIBITOR | SPONSOR OPPORTUNITIES

***Ad and sponsorship information must be submitted no later than March 8th to be listed in convention program guide**

- **Exhibitor Only \$1,000** - Includes table-top exhibit booth / two chairs, listing in program book, signage, list of attendees, and lunch each day
- **Bronze Level Sponsor \$1,500** - Includes table-top exhibit booth / two chairs, fourth-page ad in program book, signage, list of attendees, registration waived for one attendee, and lunch each day
- **Silver Level Sponsor \$2,500** - Includes table-top exhibit booth / two chairs, half -page ad in program book, signage, list of attendees, registration waived for two attendees, and lunch each day
- **Gold Level Sponsor \$5,000** - Includes double table-top exhibit booth / two chairs, full-page ad in program book, signage, list of attendees, logo and company information included in all conference communication, 5- 7 minute presentation during welcome reception, list of attendees, registration waived for two attendees, and lunch each day
- **Platinum Level Sponsor \$7,500** - Includes double table-top exhibit booth / two chairs, full-page ad in program book, signage, list of attendees, registration waived for two attendees, logo and company information included in all conference communication, banner on MsPMA website, convention bag insert, 10 minute presentation during keynote luncheon, lunch each day
- **Patron \$500** - Includes eighth-page ad in program book

PAYMENT INFORMATION

- | | |
|---|---|
| <input type="checkbox"/> Exhibitor Only \$1,000 | <input type="checkbox"/> Gold Level Sponsor \$5,000 |
| <input type="checkbox"/> Bronze Level Sponsor \$1,500 | <input type="checkbox"/> Platinum Level Sponsor \$7,500 |
| <input type="checkbox"/> Silver Level Sponsor \$2,500 | <input type="checkbox"/> Patron \$500 |

Please check one:

- Enclosed is Check No. _____ in the amount of \$ _____
Payable to: **Mississippi Podiatric Medical Association**
- Pay by [Credit or Debit Card \(click here\)](#)

Mail payments to:

MsPMA
c/o Dr. Ricky Roach
999 North Halstead
Ocean Springs, MS 39564

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