

**MISSISSIPPI OCCUPATIONAL THERAPY ASSOCIATION**  
**Annual Conference 2018: Saturday, February 10<sup>th</sup>**  
**The Muse Center in Pearl, MS**

**Exhibitor Registration Form**

**The cost of a single space is \$125.00. This includes one (1) eight-foot table and two chairs. A light breakfast and a boxed lunch will be provided for up to two exhibitor attendees.**

\_\_\_\_ Yes, we would like to be an exhibitor (exhibit time is from 7:30 a.m. to 3:30 p.m.)

Company Name: \_\_\_\_\_

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

City, State, ZIP Code: \_\_\_\_\_

Representative to Receive Exhibit Material: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Names of Attendees: \_\_\_\_\_

Special Exhibiting Needs: ☐ Extra table, ☐ Electricity, ☐ Other \_\_\_\_\_

**Sponsorship Opportunities:**

All sponsors will receive the following recognition: Listing in all conference publications, individual signage, and acknowledgement from the podium during the lunch association meeting. Sponsorship cost is in addition to the exhibit cost.

☐ PLATNUM      \$1,000.00 or over

☐ GOLD      \$500.00

☐ SILVER      \$250.00

**Please enclose payment for any sponsorship with exhibitor payment. Make check payable to MSOTA, Tax ID# 76-0756978. If you would like to pay by credit card, please provide name and address of card holder, card number, 3-digit code on back of card, and expiration date.**

**By signing this registration form, we agree not to hold MSOTA responsible for any damages or losses that occur to our display while exhibiting at the MSOTA Annual Conference on March 25, 2017 at the Muse Center in Pearl, MS. I understand that the exhibit fee, once paid, will not be reimbursed if unable to attend. I also understand that MSOTA will not provide a participant mailing or email address list to exhibitors.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

Please sign and return this form with payment to:

Amanda Jordan, Executive Director

MSOTA

P.O. Box 2188

Brandon, MS 39043

Telephone: (601) 853-9564/Fax: (601) 500-5757/Email: mississippiota@gmail.com

For MSOTA use only:

Date Received \_\_\_\_\_

Check Number \_\_\_\_\_

Amount \$ \_\_\_\_\_