

OHIO MEDICAL GROUP MANAGEMENT ASSOCIATION

VENDOR REGISTRATION FORM

2006 Winter Educational Meeting

Thursday, March 9, 2006

Northpointe Conference Center , 9243 Columbus Pike, Lewis Center, Ohio 43035

(866) 233-9393

COMPANY NAME: _____

COMPANY ADDRESS: _____

PHONE NUMBER: _____

**NAME OF REPRESENTATIVE(S)
(Staffing Exhibit)**

Name & Phone

Name & Phone

Name & Phone

Name & Phone

SPONSOR LUNCHEON:\$3000.00

SPONSOR CONTINENTAL BREAKFAST:\$1200.00

SPONSOR BREAK A.M.....\$800.00

SPONSOR BREAK P.M.....\$800.00

VENDOR TABLE DISPLAY: (OMGMA AFFILIATE MEMBER)\$450.00

VENDOR TABLE DISPLAY (NON OMGMA MEMBER).....\$550.00

AD IN EDUCATIONAL MEETING PROGRAM

FULL PAGE:\$400.00

HALF PAGE:\$175.00

TOTAL AMOUNT ENCLOSED_____

**MAKE CHECKS PAYABLE TO OMGMA
RETURN THIS FORM WITH PAYMENT TO:**

STEVE LANDER, OMGMA REPRESENTATIVE, P.O. BOX 14882, COLUMBUS, OH 43214

If you need further information concerning this meeting contact Steve at
clander@columbus.rr.com or by phone (614) 783-7782 (my cell)