

**OHIO MEDICAL GROUP MANAGEMENT ASSOCIATION
VENDOR REGISTRATION FORM
2007 Winter Educational Meeting
Friday, March 9, 2007**

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

COMPANY NAME: _____

COMPANY ADDRESS: _____

CONFIRMATION CONTACT NAME AND PHONE : _____

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

Name & Phone

Name & Phone

SPONSOR LUNCHEON:\$2500.00
(INCLUDES DISPLAY TABLE)

SPONSOR CONTINENTAL BREAKFAST:\$1200.00
(INCLUDES DISPLAY TABLE)

SPONSOR BREAK A.M.....\$800.00
(INCLUDES DISPLAY TABLE)

SPONSOR BREAK P.M.....\$800.00
(INCLUDES DISPLAY TABLE)

BUSINESS ASSOCIATE TABLE DISPLAY: (OMGMA AFFILIATE MEMBER)\$550.00
(this is for a 30"X 6' skirted table plus electrical outlet and one representative package, plus wireless internet connection, EACH ADDITIONAL REPRESENTATIVE WILL COST \$79. THIS IS WHAT NORTHPOINTE CHARGES US

BUSINESS ASSOCIATE TABLE DISPLAY (NON OMGMA MEMBER).....\$750.00
(this is for a 30"X 6' skirted table plus electrical outlet and one representative package, plus wireless internet connection, EACH ADDITIONAL REPRESENTATIVE WILL COST \$79. THIS IS WHAT NORTHPOINTE CHARGES US

AD IN EDUCATIONAL MEETING PROGRAM

FULL PAGE:\$400.00

HALF PAGE:\$200.00

TOTAL AMOUNT ENCLOSED_____

MAKE CHECKS PAYABLE TO OMGMA (You can also use a credit card)

RETURN THIS FORM WITH PAYMENT TO:

STEVE LANDER, OMGMA REPRESENTATIVE, P.O. BOX 14882, COLUMBUS, OH 43214 (614) 783-7782, CLANDER@COLUMBUS.RR.COM

