

**OHIO MEDICAL GROUP MANAGEMENT ASSOCIATION
VENDOR REGISTRATION FORM**

2006 Fall Educational Meeting

Friday, September 29, 2006

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

COMPANY NAME: _____

COMPANY ADDRESS: _____

PHONE NUMBER: _____

CONFIRMATION CONTACT NAME: _____

**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
(this is for a 30"X 6' skirted table plus electrical outlet and one representative package, additional representative will cost \$65. each, wireless internet connection cost is \$10.)

VENDOR TABLE DISPLAY (NON OMGMA MEMBER).....\$550.00
(this is for a 30"X 6' skirted table plus electrical outlet and one representative package, additional representative will cost \$65. each, wireless internet connection cost is \$10.)

AD IN EDUCATIONAL MEETING PROGRAM

FULL PAGE:\$400.00

HALF PAGE:\$175.00

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