

## Houston Dermatological Society Exhibitor Form

Company \_\_\_\_\_

Representative's Name \_\_\_\_\_

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

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

### Please indicate the appropriate exhibit option:

Exhibit at the \_\_\_\_\_ meeting at the \_\_\_\_\_ level.

\_\_\_\_\_ **Bronze-\$750 (Available for Hail & Farewell Event only)**

\_\_\_\_\_ **Silver-\$2000**

\_\_\_\_\_ **Gold-\$3000**

\_\_\_\_\_ **Platinum-\$5000**

filled for 2019      ~~Continuing Medical Education Sponsor \$7,500~~

Checks should be made payable to: Houston Dermatological Society | Tax ID # 74-6060614

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Houston Dermatological Society,  
John P. McGovern Building, 1515 Hermann Drive, Houston, TX 77004

### Payment Options:

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For questions or additional information, contact [admin@houstondermsociety.org](mailto:admin@houstondermsociety.org)

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