

Houston Dermatological Society Exhibitor Form

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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**

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_____ **Platinum-\$5000**

_____ **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

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- Check payable to HDS
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For questions or additional information, contact Tonja Money (Tonja_Money@hcms.org)

Thank you for your support!