

**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.

N/A **Bronze-\$750 (Available for Hail & Farewell Event only)**

_____ **Silver-\$1500**

_____ **Gold-\$2500**

_____ **Platinum-\$5000 & up**

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

Mail checks with this form to:
Houston Dermatological Society,
John P. McGovern Building, 1515 Hermann Drive, Houston, TX 77004

Payment Options:

- Check payable to HDS
- Circle one: AMEX Discover MC Visa

Amount: _____

Name on card: _____

Card Number: _____ Exp. Date: _____

Cardholder Signature: _____

For questions or additional information, contact LaCoya Boone (LaCoya_Boone@hcms.org)

Thank you for your support!