



**Medical Society of New Jersey
2012 Annual Meeting
Exhibitor Application**

Friday, May 4th & Saturday, May 5th
Mt. Laurel Westin
Mt. Laurel, New Jersey

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name & Title: _____

E-Mail: _____

Phone: _____ Fax: _____

Names of (2) Reps Attending: _____

6' draped exhibit table*: *Call if you need something different	MSNJ Corporate Partners	\$700 – one day	\$1,100 – two days (before Sat., Feb. 4)
		\$900 – one day	\$1,300 – two days (after Sat., Feb. 4)
	Non-Partners	\$900 – one day	\$1,500 – two days (before Sat., Feb. 4)
		\$1,100 – one day	\$1,700 – two days (before Sat., Feb. 4)

Products/Services to be exhibited: _____

Days Exhibiting: Friday, May 4 Saturday, May 5 Both days

Do you need electrical service: Yes No

Enclosed is a check for \$ _____ made payable to Medical Society of New Jersey

Bill \$ _____ to a credit card American Express MasterCard Visa

Name on credit card: _____ Billing Zip Code: _____

Credit Card #: _____ Expiration date: _____

Please return to **Sharon Kakas-Cosma, Event Manager**
Phone: 609-896-1766 ext. 201 Fax: 609.896.1347 E-Mail: scosma@msnj.org