

SOUTHERN PEDIATRIC NEUROLOGY SOCIETY
DISPLAY BOOTH AGREEMENT

Vendor Name: _____

Address: _____

Contact Person: _____

Contact Phone Number: _____

AGREED UPON FEE: \$1,000.00

A 6 ft display table will be provided onsite for each registered vendor.

Make check payable to: Southern Pediatric Neurology Society

Mail to: Tonya Balmakund, MD

c/o Southern Pediatric Neurology Society

519 Latham Drive

Lowell, AR 72745

We are a 501(c) nonprofit organization.

*Evening reception, \$25.00 per person, may be paid on-site.