

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-\$1,500 (Available for Hail & Farewell Event only)**

_____ **Silver-\$3,000**

_____ **Gold-\$4,500**

_____ **Platinum-\$7,500**

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: Visa MC AMEX Discover

Amount: _____

Name on card: _____

Card Number: _____ Exp. Date: _____

Cardholder Signature: _____

For questions or additional information, contact admin@houstondermsociety.org

Thank you for your support!