Charlotte County Medical Society, Inc.
P.O. Box 380817
Murdock, Florida 33938-0817
Telephone: (941) 625-6229
Fax: (941) 743-5245

Charlotte County Medical Society Fifth Annual "Physicians Health Expo"
Wednesday, March 24, 2010 (9 a.m. to 3 p.m.)
Charlotte Harbor Event & Conference Center – Punta Gorda, Florida

Please Print:

Business Name:	
Type of Business:	
Contact:	
Mailing Address:	
City: **State:** **Zip:**	
Telephone Number: ( )	**Fax Number**: ( )
Email address:	

Booth (8' x 10')	Number of Booths	Pricing	Electric Service	Total Amount Due
Skirted Table (8') 2 chairs	☐ 1 ☐ 2 ☐ 3 ☐ Additional	☐ $500.00 – Charlotte CMS Member ☐ $600.00 – Non Member Physician ☐ $600.00 – Medical Affiliates ☐ $250.00 – Non-Profit	☐ $25.00	$

To reserve your space, payment is required with completed application. If all spaces are reserved when your application is received, your payment will be returned and your name placed on a waiting list. **Applications must be returned to the Charlotte CMS Office by March 1, 2010 refunds cannot be made for any cancellations after that date.**

Payment

☐ A check payable to the Charlotte County Medical Society is enclosed in the sum of $_____.
☐ 5 % Incentive Discount(s) Applicable only if Payment **is received no later than February 22nd.**

Lecture Series

☐ I am interested in providing a lecture during this event. Note: Please complete attached sheet.

Release and Indemnity Agreement

In consideration of permission to participate as an exhibitor in the Charlotte County Medical Society "Physicians Health Expo" 2010, the undersigned hereby agrees to assume risk and to release the Charlotte County Medical Society, Inc., its officials and all persons and organizations sponsoring, implementing or helping in "Physicians Health Expo" from any and all liability losses or claims arising out of the undersigned's participation in "Physicians Health Expo" activities.

Signed: _____ Date: _____
(Signature Required)

Official Charlotte CMS Use Only. (Do not write below this line.)		
Date Received:	Payment $	Check #
Space Assigned #	Notification Sent	Staff

Return a signed copy of this application along with payment to the above address. Thank you.