WILLIAM A. LITTLE **OB/GYN ALUMNI SOCIETY** ANNUAL CONFERENCE EXHIBITOR REGISTRATION FORM

| Company Name : Representatives Name : Phone Number : E-Mail address : | | |
|---|----------------------------|--------------------------------|
| \$ SPONSORSHIP OPTIONS \$ | | |
| DIAMOND PLAN • Booth Friday & Saturday • Friday or Saturday Break Sponsorship • Rep attendance to 1 evening social event | BEFORE FEBRUARY 1, 2025 | AFTER FEBRUARY 1, 2025 \$4450 |
| GOLD PLAN • Booth Friday & Saturday • 1 gold course hold • Rep attendance to 1 evening social event | BEFORE FEBRUARY 1, 2025 | AFTER FEBRUARY 1, 2025 \$3750 |
| RUBY PLAN • Booth Friday & Saturday • Rep attendance to Friday & Saturday social events | BEFORE FEBRUARY 1, 2025 | AFTER FEBRUARY 1, 2025 |
| SILVER (BASIC) PLAN • Booth Friday & Saturday | BEFORE FEBRUARY 1, 2025 | AFTER FEBRUARY 1, 2025 |





WIA CHECK, CHECKS SHOULD BE MADE PAYABL MAILED TO: WAL OBSTETRICAL AND GYNECOLOGICAL, INC. FEDERAL TAX ID# 20-2859124 WILLIAM A. LITTLE/ZUSEL MATOS, MHSA 3900 SW 6 STREET MIAMI, FL 33134