

EXHIBITOR REGISTRATION FORM

CONFERENCE DATE: **November 14, 2020**

REGISTRATION DEADLINE: **October 14, 2020**



EXHIBITOR INFORMATION:

Company Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Contact Person(s): _____

☐ FEATURED EXHIBITOR BOOTH - \$1,000

- *Written acknowledgment of your support to every attendee via conference written materials.*
- *Verbal acknowledgment of your support during the welcoming remarks at the beginning of the conference.*
- *Prominent Featured Exhibitor listing in the conference Virtual Exhibit Hall.*

☐ EXHIBITOR BOOTH - \$500

- *Written acknowledgment of your support to every attendee.*
- *Verbal acknowledgment of your support during the welcoming remarks.*
- *Standard exhibitor listing in the conference Virtual Exhibit Hall.*

Payment Options

*The Montana Psychiatric Association is a 501(c)(6)

- ☐ Checks are payable to the "Montana Psychiatric Association"
- ☐ Credit Card payments can be made at <https://montanapsych.org> through PayPal

Send completed registration forms and checks to:

Montana Psychiatric Association
2620 Colonial Dr, Ste B
Helena, MT 59601

Upon our receipt of your registration form, you will be contacted for further instruction regarding the information, website links and logos to be uploaded onto the Virtual Exhibit Hall. Any questions regarding the VEH can be sent to Rachel Dombach, MPA Conference Coordinator, at rachel@montanapsych.org.

NOTICE: This meeting is a private meeting for Montana Psychiatric Association members and exhibitors whose products are in line with the district branch's mission. We will consider all applications for exhibit space but reserve the right to reject or revoke any application which the district branch in its sole discretion determines is not consistent with our mission.



2620 Colonial Dr, Ste B
Helena, MT 59601
www.montanapsych.org

(406) 204-2151
rachel@montanapsych.org
www.montanapsychiatryconference.org