

SAFE PRESCRIBING AND WELLNESS CONFERENCE FOR DENTAL PROFESSIONALS
Friday, October 3, 2025
Table 100
100 Ridge Way
Flowood MS 39232

Sponsor and Exhibitor Commitment Form

Business Name _____

Address _____

City _____ **ST** _____ **ZIP** _____

E-mail _____ **Phone** _____

Host Level _____ **Exhibitor** _____

Designated Representative _____

Special Requests: (power source, extension cords) _____

*****All levels will include table and two chairs.*****

Exhibitor:	\$ 450.00	Break Sponsor	\$800.00
Listed as exhibitor		(Two available)	

Breakfast Sponsor	\$1500.00	Lunch Sponsor	\$3000.00
Recognition As Breakfast Sponsor		Recognition as Lunch Sponsor	

Check attached _____ **Please make payable to Professionals Health Network Inc.**
and mail to 5215 Old Highway 11 Suite 80 Hattiesburg MS 39402

Credit card AMEX _____ Visa _____ MC _____

Card # _____

3 digit security code on back _____ **Expiration date** ____/____

Printed name of Cardholder _____

*(**credit card forms can be faxed to (601)268-0376 or emailed to dcyoung2128@gmail.com)*

This commitment can be canceled prior to September 1, 2025 but will include a \$100.00 processing fee. However, a written notice will need to be received along with an explanation of the reason for cancellation. No refund will be processed after September 1, 2025.