



Industry Application Form

The Central Association of Obstetricians and Gynecologists
76th Annual Meeting
October 25 – 27, 2009 (Sun., Mon., Tues.)
The Grand Wailea Resort, Maui, Hawaii

Company Information – Please Print		
Company:		
Contact:	Title/Position:	
Address:		
City/State/Zip		
Telephone:	Fax:	E-mail:
Name on Badge:		
Name on Badge:		
Name of Person Receiving Exhibitor Kit:		
Address:		

Exhibitor Fees	Fee	# of Booths	Payment
Exhibitor Fee (one booth)	\$4,000	1	
Exhibitor Fee (two booths)	\$6,000	2	
Prestige Support Opportunities:	Levels of Support	N/A	*****
Continental Breakfast (3 available)	\$5,000/breakfast	Bronze	
Meeting Breaks (3 available)	\$5,000/break	Bronze	
Luncheon (1 available)	\$10,000	Silver	
Welcome Reception	\$15,000	Gold	
Farewell Luau Banquet	\$25,000	Platinum	

PAYMENT METHOD

Check (payable to CAOG in U.S. Funds)
 Visa
 MasterCard
 Credit Card # _____ Expiration Date _____
 Print Name: _____ Date: _____
 Signature: _____ (this authorizes transaction)

Please complete this application form. Return to CAOG Headquarters, P.O. Box 3010, Minot, ND 58702-3010
 Fax 701-852-8733. **Application must be received by Monday, July 6, 2009.** Contact: Rochelle Hickel