



Industry Application Form

**The Central Association of Obstetricians and Gynecologists
84th Annual Meeting
October 18 - 21, 2017 (Wed., Thur., Fri.)
The Scottsdale Plaza Resort, Scottsdale, Arizona**

Company Information – Please Print	
Company:	
Contact:	Title/Position:
Address:	
City/State/Zip	
Telephone:	E-mail:
Name on Badge:	
Name on Badge:	
Name of Person Receiving Exhibitor Kit:	
E-mail Address:	
Physical 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	
Welcome Reception	\$15,000	Gold	
Annual Banquet	\$25,000	Platinum	

PAYMENT METHOD

___ Check (payable to CAOG in U.S. Funds) ___ Visa ___ MasterCard ___ AmEx ___ Discover

Credit Card # _____ Expiration Date _____ Security Code _____

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. Contact: Rochelle Hickel at rhickel@caog.org or 701-838-8323 with any questions.
Application are requested to be received by Monday, July 10, 2017.