

ACP

AMERICAN COLLEGE OF PHYSICIANS
INTERNAL MEDICINE | *Doctors for Adults*

MICHIGAN CHAPTER

Industry Support/Exhibit Registration Form

SCIENTIFIC MEETING: September 25-27, 2009, Grand Traverse Resort and Spa,
Acme, Michigan

Please print (or attach your business card):

Company Name: _____

Company Address: _____

Contact Person: _____

Telephone: _____ Email: _____

Representative who will be exhibiting at the meeting:

Name: _____

Address: _____

Telephone: _____ Email: _____

Pharmaceutical/Technical/Exhibits \$ 1000

Physician Recruitment Companies \$1000

Non-Profit/Educational Exhibits \$100

Products/services to be displayed: _____
(what do you plan to exhibit? (i.e. type of product or service))

GRANTS/SPONSORSHIP OPPORTUNITY: If you are interested in an unrestricted educational grant, a restricted grant, or sponsorship of a speaker or catering event, please contact Marty Muth at the address below.

Please make checks payable to ACP Michigan Chapter and send with Exhibit Registration to:

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