Exhibitor Contract & Application

March 26 & 27, 2025 Golden Nugget - Biloxi, MC

14th Annual Gulf Coast Trauma Symposium

ISAHEALTH TRAUMA

Attendee Information

INSTITUTION, COMPANY, ORGANIZATION NAME	
DIVISION	
REPRESENTATIVE	
MAILING ADDRESS	
CITY/STATE/ZIP CODE	
OFFICE PHONE	REP CELL PHONE
BUSINESS EMAIL	
REPRESENTATIVE EMAIL	
Service or Product Description	

Registration Fees

Category	Fee	Total
Platinum Level	\$5,000	
Gold Level	\$2,500	
Contact Becky @rscarbrough@health.southalabama.edu for additional information		

Package Breakdown

Payment Information

Completed application and vendor agreement must be returned with payment to: South Alabama Medical Science Foundation (SAMSF) cd2ienc F)4Mmw1m vwoMC /L9(do)12e roo:

or email to: rscarbrough@health.southalabama.edu

Additional information

If your representative would like to receive CME credit, they will need to register. ey will also need to remove their company identication in order to enter the lectures.

Cancellation Policy

Requests for refunds must be made in writing and received on or before Feb 22, 2025. Cancellation request can be faxed to 251-471-7334 or emailed to rscarbrough@health.southalabama.edu. Cancellation and registration postmarked a er the deadline date will not be eligible for refunds.

Registration Questions

Please contact Rebecca Scarbrough at rscarbrough@health.southalabama.edu or 251-471-7971.

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