

**Louisiana Psychiatric Medical Association & Mississippi Psychiatric Association
in Collaboration with LA & MS Councils for Child & Adolescent Psychiatry
& LA Chapter of the American Society of Addiction Medicine**

Present
2019 SPRING MEETING

ACE Hotel
600 Carondelet St | New Orleans, LA 70130 | 504-900-1180
Room Block Rate: \$239 single/double | Click [here](#) to make your reservation
February 14-17, 2019

Exhibitor/Sponsor Agreement

PLEASE PRINT OR TYPE

Company/Organization: _____

Contact: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Sponsorship Opportunities: Morning Break - Thurs (\$350) ____ Fri (\$350) ____ Sat (\$350) ____ Sun (\$350) ____
Afternoon Break - Thurs (\$350) ____ Fri (\$350) ____ Sat (\$350) ____ Sun (\$350) ____
Breakfast - Fri (\$500) ____ Sat (\$500) ____ Sun (\$500) ____
Lunch - Thurs (\$1,750) ____ Fri (\$3,500) SOLD Sat (\$3,500) ____

Exhibitor Fee \$1200 (Includes: one skirted table, two chairs, a trash receptacle.)
Please note: Exhibit tables are on a first-come, first-served basis.

EXHIBIT SET UP

EXHIBITING DAYS/TIMES

Thursday
6:30 a.m. – 8:00 a.m.

Thursday
8:00 a.m. – 3:45 p.m.

Friday
7:30 a.m. – 3:45 p.m.
6:00 – 7:30 p.m. (during the Reception)

Saturday
7:30 a.m. – 2:30 p.m.

Sunday
7:30 – 10:45 a.m.

Exhibitors are invited/encouraged to attend educational activities and participate in all meal functions and breaks.

Participants will be eligible to win a door prize by returning a card stamped by all exhibitors. The drawing will be held at the end of the meeting on Sunday.

Please provide the name(s) and an email address(s) of the Representative(s) who will participate at the meeting:

Name

Name

Name

Email Address

Email Address

Email Address

Check Enclosed

Register and provide payment online at <https://www.lpma.net/2019-spring-meeting> or complete & return this agreement with Credit Card information by mail or fax only to the address and fax number listed below.

Credit Card # _____ Exp. Date _____ 3-4 Digit Code _____

Your Name _____ Title _____

Authorized Signature _____ Date _____

To reserve your place at the event, please to register online, return your completed agreement and payment to LPMA, 1905 W Thomas St, Ste D #132, Hammond, LA 70401, or fax with credit card information to 225-209-7088. Should you have questions or need additional information, please call Cathy Thompson or Angela Ladner, Executive Directors at 225.761.3718 or 601.899.882 or email to lpmastaff@lpma.net or mpa39206@aol.com respectively. Thanks for your support!