

2011 Louisiana Perinatal/MCH Foundation
Annual Continuing Education Conference
IMPROVING BIRTH OUTCOMES
March 25, 2011
Children's Hospital, New Orleans

SPONSORSHIP/EXHIBITOR FORM

Business/Organization: _____

Contact Name and Position: _____

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Do you want Exhibit Space? ___Yes ___No If yes, will you need electricity? ___Yes ___No

In order to create individual nametags, please list the name and credentials of any individuals who will be present to represent your business/organization at the conference and indicate if they are attending the conference in your complimentary slot(s):

On behalf of _____ (business/organization), I agree to be a sponsor/exhibitor of the 2011 LA Perinatal/MCH Foundation Continuing Education Conference at the following donation level:

- _____ **\$500 Bronze Sponsorship:** *Includes Exhibit Space and 1 complimentary registration for the conference*
_____ **\$1000 Silver Sponsorship:** *Includes Exhibit Space and 2 complimentary registrations for the conference*
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Date

Please send your check made payable to: LA Perinatal/MCH Foundation
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For more information, contact Janie Martin at 225-379-7922; janie.martin@lamch.org
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