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I, _____, of _____ (or
my representative)...

Choose one:

_____ will attend the 26th Annual NHMI Symposium to be held Saturday, September 28, 2019, for the purpose of displaying my products. Enclosed, please find my check (indicate amount by circling below).

_____ wish to contribute to the 26th Annual NHMI Symposium but I will not be in attendance and will not need a table. Enclosed please find my check for (specify amount) _____.

SPONSORSHIP LEVELS (please circle to indicate desired level of sponsorship.)

Exhibitor (Includes exhibit table, logo in brochure and on event signage.)	\$350
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Institute Sponsor (Includes exhibit table, signage at event, logo in brochure and on NHMI webpage. Special recognition at event. <i>Member registration rate applies for employees of sponsors at this level.</i>)	\$3000

_____ I do not wish to participate in the 26th Annual NHMI Symposium.

The logos of vendors confirmed by April 30 will be included in printed materials. Checks should be made payable to NHMI (Tax ID: 02-0471046) and remitted to the address above. If you wish to pay with a credit card, please contact Sandy Snow at 603-627-9728 or visit www.nhmi.net/symposium-vendor-registration.html.