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September 25-26, 2020 – NYOHbcs.com

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To apply by mail and to pay by check, complete this form, make checks payable to: myMedEd, Inc., and mail both the completed form and check to:
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TAX ID: 82 -4893155

PAYMENT MUST BE RECEIVED BY SEPTEMBER 4, 2020

If a letter of request and/or W9 is needed, please contact us and we will provide you with the additional documentation you need.
Phone Number: 1-800-973-0665
Email: exhibits@mymededco.com

Exhibiting Company Name:
(Company name as it should appear on acknowledgements)

Exhibiting Company Contact:

First Name: Last Name:

Phone: Email:

Virtual Tradeshow Booth Coordinator:

First Name: Last Name:

Phone: Email:

Virtual Tradeshow Booth Participant 1:

First Name: Last Name:

Title:

Phone: Email:

Virtual Tradeshow Booth Participant 2:

First Name: Last Name:

Title:

Phone: Email:

Sponsorship Selections:

Bronze = \$2,500

Silver = \$3,750

Gold = \$5,000

Product Theater = \$10,000

Total Sponsorship:

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