

## Sponsor Registration Physician Social & Networking Event – Miami 2023

Business \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ -

Additional Attendees

Name (1) \_\_\_\_\_ Name (2) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Business Category \_\_\_\_\_

### Please reserve my participation at the following date:

Miami \* September 14, 2023 \* Hilton Miami Downtown \* 6 pm -10 pm

### Event includes:

- Food and Beverages
- Cash bar

### Participating Businesses Will Receive:

- Names and contact list of all physician event attendees
- Exhibitor table – chairs, tablecloth, electric and WIFI
- Two additional associate passes to attend and participate

**Sponsorship Fee:** \$399.00

### Payment Information

Please mail this signed form and fee [payable to RJW] to the accounting address above or if payment by credit card please fill out the section below and scan and email this signed form to

[accounting@creativedevelopmentworks.com](mailto:accounting@creativedevelopmentworks.com) or fax to 1-888-263-4440

**Debit or Credit Card Authorization** [We can also send a secure payment link upon request via email]

Please charge the credit card below ONE TIME ONLY in the amount of \$\_399.00\_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

CVS [Security Code] \_\_\_\_\_ Zip Code Credit Card Bill Is Mailed To: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date \_\_\_\_\_