www.creativedevelopmentworks.com

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Sponsor Registration Physician Social & Networking Event – Atlanta 2023

Business _____

Name _____Title_____-
Additional Attendees

Name (1) _____ Name (2)_____

Address _____

Telephone _____Email_____

Business Category _____

Please reserve my participation at the following date:
Atlanta * September 14, 2023 * Hilton Hotel Midtown * 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 **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_____