

ACCOUNTING: PO Box 50625 * Jacksonville Beach, FL 32240 904-491-2166 * creativedevelopmentworks.com accounting@creativedevelopmentworks.com
Office 1523 Flagler Avenue, Jacksonville, Florida 32207

Date____

Sponsor Registration Physician Social & Networking Event – Louisville 2023

Business		
Name	Title	
Additional	Attendees	
Name (1)	Name (2)	
Address		
Telephone	Email	
Business Ca	ategory	
	erve my participation at the following date: September 14, 2023 * Hyatt Regency Louisville * 6 pm -10 pm	
	ades: od and Beverages h bar	
NarExh	ng Businesses Will Receive: mes and contact list of all physician event attendees ibitor table – chairs, tablecloth, electric and WIFI o additional associate passes to attend and participate	
Sponsorshi	ip Fee: \$399.00	
Please mail	nformation I this signed form and fee [payable to RJW] to the accounting address above or if payment been fill out the section below and scan and email this signed form to @ Creativedevelopmentworks.com or fax to 1-888-263-4440	y credi
	redit Card Authorization [We can also send a secure payment link upon request via email] rge the credit card below ONE TIME ONLY in the amount of \$_399.00	
Card Numb	per Expiration Date	
CVS [Secur	ity Code] Zip Code Credit Card Bill Is Mailed To:	

Authorized by: _____