



HILLSBOROUGH COUNTY MEDICAL ASSOCIATION

~606 S. BOULEVARD ~ TAMPA, FLORIDA 33606~

TELEPHONE (813) 253-0471 ~ FAX (813) 253-3737

APPLICATION/CONTRACT FOR DINNER MEETING EXHIBIT SPACE

DATE: _____

PLEASE RESERVE EXHIBIT SPACE AT THE HCMA GENERAL
MEMBERSHIP MEETING FOR THE MONTH(S) OF:

NAME OF EXHIBITOR:

ADDRESS:

PHONE: _____ FAX: _____

EMAIL: _____

CONTACT: _____ DINNER RESERVATIONS: # _____

DESCRIPTION OF EXHIBIT:

**ONE-SKIRTED 6 FT. ASSIGNED TABLE WILL BE PROVIDED. IF OTHER
ARRANGEMENTS (i.e. ELECTRICITY) ARE NEEDED, PLEASE SPECIFY:**

REPRESENTATIVES WHO WILL ATTEND THE MEETING:

**Copies of any literature to be distributed must accompany this application.
Send completed application with check for \$350.00 (includes one dinner)
plus \$50.00/additional dinner(s) to the above address.**

Please remember the Bellhop at the InterContinental for their services!

