



**152<sup>nd</sup> Annual Scientific Meeting**

October 25-26, 2017

**Name Badge Request Form/Electrical Needs**

Please complete the information below and return this form to Beth Elliott, Meeting Planner, Michigan State Medical Society via email: [belliot@msms.org](mailto:belliot@msms.org).

**COMPANY NAME:** \_\_\_\_\_

EXHIBITOR NAME: \_\_\_\_\_

EXHIBITOR NAME: \_\_\_\_\_

EXHIBITOR NAME: \_\_\_\_\_

EXHIBITOR NAME: \_\_\_\_\_

Electrical Needed:    \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Thank you!