2020 Hughston Foundation Conference Vendor Registration Form UNDERSTANDING & MANAGING THE MEDICAL ASPECTS OF A WORKERS' COMPENSATION CLAIM

Please complete and return this registration form to:

The Hughston Foundation, Inc • PO Box 9517 • Columbus, GA 31908

Attn: Belinda Klein Phone: 706-494-3326 Fax: 706-494-3379

Email: bklein@hughston.com

mpany Name:	Contact:	
iling Address:		
one:	Fax:	_
ail:		
LEVELS OF PARTICI	PATION: (please check one)	
Note: Any level	includes lunch	
☐ EXHIBITOR	Booth set up in the lobby	\$250.00
CONTRIBUTOR	Booth set up in the lobby	\$500.00
	 Company name will be included on marketing and event materials as a contributor. 	
SPONSOR	Booth set up in the lobby	\$1000.00
	 Company logo will be included on the event welcome slide and in the press release materials as a sponsor. (A high resolution logo will be requested) 	
	 Mailing list of attendees 	
	• 1 complimentary registration for someone to attend (Name will be requested at a later date)	
Place list any special or	quipment or electrical needs for your booth:	

WHY SUPPORT THIS GREAT EVENT

DIFFERENT LEVELS OF PARTICIPATION TAX DEDUCTIBLE CONTRIBUTION ONE-ON-ONE CONTACT WITH ATTENDEES

PAYMENT: Please make your check payable to the Hughston Foundation, Inc.

Mail your payment by January 10, 2020 to:

The Hughston Foundation, Inc. c/o Belinda Klein PO Box 9517 Columbus, GA 31908

Registration and payment can be completed online at www.HughstonFoundation.com

TAX DEDUCTIBLE CONTRIBUTION: Please make your check payable to the Hughston Foundation, Inc. As a 501(c)(3) organization, 100% of your contribution is tax deductible as allowed by law and an acknowledgment will be sent to you for tax purposes.

THANK YOU:

Event proceeds will be donated to:

The Hughston Foundation's student outreach programs.



For More Information: Please direct any questions to Belinda Klein at:

706-494-3326 or bklein@hughston.com.