

**Houston Society of Otolaryngology - Head & Neck Surgery  
Exhibitor Form**

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Representative's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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**Please indicate the appropriate exhibit option:**

Exhibit at the \_\_\_\_\_ meeting at the \_\_\_\_\_ level.

\_\_\_\_\_ **Silver-\$1500**

\_\_\_\_\_ **Gold-\$2500**

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Checks should be made payable to: Houston Society of Otolaryngology | Tax ID # 74-6061874

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Houston Society of Otolaryngology, John P. McGovern Building, 1515 Hermann Drive, Houston, TX 77004

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For questions or additional information, contact LaCoya Boone (LaCoya\_Boone@hcms.org)

Thank you for your support!