Montana Society of Pathologists

2026 Annual Meeting
September 19, 2026
Bozeman Health Deaconess Hospital
Bozeman, Montana

Exhibitor & Sponsorship Registration & Agreement

Company Name:	
Contact Name:	
Address:	
City, State, Zip:	
Phone:	
E-mail:	
Product being exhibited:	

Representative Name:	
Representative E-mail:	
Representative Phone:	
Additional Representative Name:	
Additional Representative E-mail:	

Please mark your selection(s) below:

Exhibitor		
☐	$750	Table, Attendance of 1 Representative to conference, reception and dinner, recognition on printed & virtual materials and verbal recognition at conference.
☐	$250	Additional Representative Fee.
Non-Exhibiting Support Opportunities (does NOT include exhibit table)		
☐	$500	Bronze Supporter
☐	$1,000	Silver Supporter
☐	$2,000	Gold Supporter
☐	$3,000	Platinum Supporter

The Exhibitor agrees to abide by the Accreditation Council™ for Continuing Medical Education "Standards for Commercial Support of Continuing Medical Education".

CANCELLATION: MSP must be notified of exhibitor/sponsor cancellation in writing. A cancellation fee of $250 will be charged to an Exhibitor who cancels their contract before August 1. No refunds will be made after this date.

Authorized Signature: _____ Date: _____

Completed application with payment, and other communications may be addressed to:
Candi Spencer: candi@mmaoffice.org, (406) 558-2753,
Montana Society of Pathologists, 2021 11th Avenue, Suite 1, Helena, MT 59601