

March 20 & 22, 2024
Gulfport, Mississippi, MC

Agency Information

INSTITUTION, COMPANY, ORGANIZATION NAME _____

DIVISION _____

REPRESENTATIVE _____

MAILING ADDRESS _____

CITY /STATE/ ZIP CODE _____

OFFICE PHONE _____ REP CELL PHONE _____

BUSINESS EMAIL _____

REPRESENTATIVE EMAIL _____

Security, Period of Deception

Registration Fee

Category	Fee	Total
Professional	\$5,000	
General	\$2,500	
Student	\$1,700	
Booth Staff	\$1,500	
Contact: [Redacted]@[Redacted]		

Package Breakdown

Sub-Category Breakdown	Package Fee	Food Fee	Security Fee	Booth Fee
Professional (Student)	\$5000	\$2500	\$1700	\$1500
86 [Redacted]				
L [Redacted]				
FA [Redacted]				
A [Redacted]	/	/	/	/

Agency Information

Contact: [Redacted]
 SAMSA Medical Society of Florida (SAMSF)
 / Registrar
 2451 University Drive, Suite 10-I
 Miami, Florida 33617
 Email: [Redacted]@[Redacted]

Agency Information

License: [Redacted] CME [Redacted]

Agency Information

General Rules & Regulations

1. S
 2. F
 3. S A M S F (SAMSF), U S A (USA) USA
 4. E
 5. E
 6. T
 7. E
 8. E
 9. E
- S H (3) H
P C /C S M G

ADDRESS PACKAGES:

G N
C G N
/ G N B
151 B B
B ,M 39530

INCLUDE:

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