



26TH ANNUAL DALLAS RHINOPLASTY SYMPOSIUM

MARCH 6-8, 2009

**AND DALLAS COSMETIC SURGERY SYMPOSIUM
MARCH 4-5, 2009**

Company Name: _____

Company Contact: _____

Phone Number: _____

Email Address: _____

*Space is limited and will be accepted on a first come first served basis.
Please indicate your preferred exhibit fee.*

One Six Foot Tabletop Exhibit

_____ **\$3000** – Dallas Cosmetic Surgery Symposium & 26th Dallas Rhinoplasty Symposium
– *March 4-8, 2009*

_____ **\$1500** – Dallas Cosmetic Surgery Symposium only – *March 4-5, 2009*

_____ **\$2500** – Dallas Rhinoplasty Symposium only – *March 6-8, 2009*

Two Six Foot Tabletop Exhibit

_____ **\$3750** – Dallas Cosmetic Surgery Symposium & 26th Dallas Rhinoplasty Symposium
– *March 4-8, 2009*

_____ **\$2250** – Dallas Cosmetic Surgery Symposium only – *March 4-5, 2009*

_____ **\$3250** – Dallas Rhinoplasty Symposium only – *March 6-8, 2009*

Additional Support Opportunities - First come first served. Recognition will be given to the companies the following:

_____ \$5000	Faculty Dinner (2 opportunities)
_____ \$7500	Faculty Reception (1 opportunity)
_____ \$8500	Breakfast (5 opportunities)
_____ \$15,000	Lunch (4 opportunities)
_____ \$15,000	Reception (1 opportunity)
_____ \$6000	Refreshment Break (9 opportunities)
_____ \$10,000	Tote Bags for Attendees (with company logo)

Fax to the Office of Continuing Medical Education at 214-648-2317.