



29th ANNUAL WVSOM HOSPITAL DAY
Saturday, November 12, 2011
9:00 a.m. - 12:00 noon

Please type or print legibly.

Name of Hospital/Clinic (as it will appear on signs):

Address of Hospital/Clinic: _____

Phone Number: _____ Fax Number: _____

Contact Person: _____

Email Address: _____

OPTI Affiliation (if applicable): _____

Names and Titles of Representatives Attending (as they will appear on name tags):

Is electricity needed for display? Yes No

Will materials be shipped in advance? Yes No

Display Size (dimensions) _____

One 8 foot round table with tablecloth will be provided. Space is limited. Reservations will be made on a first-come, first-serve basis. Please register early to guarantee participation.

Payment Options for the \$50 registration fee:

- Payment is enclosed
- I will send payment

(Make checks payable to Mountain State OPTI and send by October 31, 2008 to: MSOPTI 400 N. Lee Street; Lewisburg, WV 24901)

Please return this form as soon as possible to:

Donette Mizia
Graduate Medical Education
WVSOM
400 North Lee Street
Lewisburg, WV 24901
(304) 647-6343
fax: (304) 647-6344

DEADLINE: No registrations will be accepted after November 4, 2011.
Confirmation of your reservation will be e-mailed upon receipt of your registration form.