

**MAIL TO:**Arkansas Medical Society  
PO Box 55088  
Little Rock, AR 72215-5088**ARKANSAS MEDICAL SOCIETY**  
2025 ANNUAL  
MEMBERSHIP MEETING**SPONSOR REGISTRATION FORM**

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**Agreement to Conditions:** Exhibitor agrees to abide by the following: (1) No competing function will be allowed during this meeting; (2) the sole control of the exhibit center rests with AMS; and (3) AMS will not be responsible for any injury to any exhibitor or loss of property by fire, theft, damage, or other causes. **Refund Policy:** To cancel exhibit space, a written notification to AMS office must be received no later than **May 2, 2025**. No refunds will be issued after that date.

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**QUESTIONS?**

Laura Hawkins or Casey Penn | 501-224-8967 | AMS2025sponsor@arkmed.org

