



2025 MSCPA Annual Convention  
**SPONSORSHIP / EXHIBITOR CONTRACT FORM**

Company Name (signage / name badges) \_\_\_\_\_

Type of Business \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Please provide names of Sponsors and / or Exhibitors who will attend:**

First \_\_\_\_\_ Last \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_

\_\_\_\_\_ **SPONSORSHIP(S) / AMOUNT(S):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **EXHIBITOR BOOTH SPACE: \$750**

To be included in convention marketing materials, send a high-resolution company logo (JPG, JPEG, PNG, PDF, or TIFF) to [rshirley@ms-cpa.org](mailto:rshirley@ms-cpa.org) by **March 3, 2025**.

**Authorized Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Contract is not valid without signature. Signing this contract indicates you have read and agree to all terms and conditions contained within. MSCPA reserves the right to reject requests based on prior history, competing products or services, or companies which have missions that do not align with MSCPA. Cancellations through May 1, 2024 accepted without penalty. Cancellations / no-shows after May 1, 2024 forfeit total amount due.

**RETURN COMPLETED FORM WITH PAYMENT TO:**

MSCPA, 306 Southampton Row, Ridgeland, MS 39157 or [rshirley@ms-cpa.org](mailto:rshirley@ms-cpa.org)

**To pay by credit card, call (601) 856-4244 or fill out the form and send to MSCPA**

\_\_\_ AMEX \_\_\_ Discover \_\_\_ MasterCard \_\_\_ VISA Other: \_\_\_\_\_

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EXP DATE \_\_\_ / \_\_\_ SEC CODE \_\_\_\_\_ BILLING ZIP \_\_\_\_\_