



Tennessee Academy of Physician Assistants
P.O. Box 150785, Nashville, TN 37215
 Telephone: (615) 463-0026
 Fax: (615) 463-0036
 Tax ID #62-1218474

Exhibitor Registration Form

Completed forms can be faxed or mailed to TAPA. Online registration is available at www.tnpa.com.

Company Name: _____ Date: _____
(Please list company name as you would like it to appear in conference materials.)

Conference Contact Name: _____ Cell Number: _____

Corporate Telephone Number: _____ Fax Number: _____

Email Address: _____

Local Address: _____

District/Regional Manager: _____ Email Address: _____

Did a PA refer you? If so, please provide their name: _____

Annual Sponsorship Packages - Best value and greatest exposure!

- Gold - \$2000** *(includes booth space at Spring Fling and FallFest, full page ad in conference programs, full page ad in June and September issues of TAPA newsletter, listed on TAPA website - Value: \$2595)*
- Silver - \$1800** *(includes booth space at Spring Fling and FallFest, 1/2-page ad in conference programs, 1/2-page ad in June and September issues of TAPA newsletter, listed on TAPA website - Value: \$2145)*
- Bronze - \$1000** *(includes booth space at FallFest, 1/4-page ad in conference programs, 1/4-page ad in September issue of TAPA newsletter, listed on TAPA website - Value: \$1100)*

Individual Sponsorships - Can be combined with exhibitor registration to maximize exposure

Exhibit Fees - Exhibitor registration rates for single booth space

- Register for both Spring Fling and FallFest - \$1195 (*\$100 discount*)
- Conference Product Theater Continental Breakfast in Exhibit Hall - \$1,500
- Tote Bags - \$2,000 Breaks in Exhibit Hall - \$1,000
- Badge Holders - \$1,500 Bag Inserts - \$500
- Spring Fling - \$500
- FallFest - \$795

Conference program advertisement

Add a advertisement in the conference program for more exposure.

- | | |
|--|--|
| <input type="checkbox"/> SF 1/4-page: \$100 | <input type="checkbox"/> FF 1/4-page: \$100 |
| <input type="checkbox"/> SF 1/2-page ad: \$150 | <input type="checkbox"/> FF 1/2-page ad: \$150 |
| <input type="checkbox"/> SF Full page ad: \$200 | <input type="checkbox"/> FF Full page ad: \$200 |

Total Amount Authorized: \$ _____

(continued on page 2)



Tennessee Academy of Physician Assistants
P.O. Box 150785, Nashville, TN 37215
Telephone: (615) 463-0026
Fax: (615) 463-0036
Tax ID #62-1218474

Exhibitor Registration Form - PAGE 2

Company Representatives

Name of individual(s) who will attend **Spring Fling** conference (\$50 per person fee for more than four individuals). Identification badges will be provided. Pre-registration of all individuals is required.

Name of individual(s) who will attend **FallFest** conference (\$50 per person fee for more than four individuals). Identification badges will be provided. Pre-registration of all individuals is required.

ELECTRICAL NEEDS - *Please indicate if you will need electrical at your booth. Companies needing electrical hook-ups will receive an order form from the meeting venue. Order forms and payments must be submitted to the venue in advance of the meeting.*

- I require an electrical hook-up at my table at Spring Fling.
- I require an electrical hook-up at my table at FallFest.

PLEASE REMIT PAYMENT TO: (*online registration available at www.tnpa.com*)

TAPA, P.O. Box 150785, Nashville, TN 37215; or fax to (615) 463-0036

- Check
- Credit Card: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Card Number: _____ Exp. Date: _____

CSV Code: _____ Signature: _____

Credit Card Billing Address

Note: Please include billing address below.

Name of card holder (please print): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Total enclosed or authorized: \$ _____

In accordance with the Exhibitor Guidelines, I hereby accept the terms and conditions for exhibiting at the TAPA CME Conference(s). This completed form represents a binding agreement between the exhibitor, the exhibitor's employing organization and the Tennessee Academy of Physician Assistants.

Authorized by (Name): _____ Title: _____

Signature: _____ Date: _____

Completed forms can be faxed to TAPA at (615) 463-0036 or mailed to P.O. Box 150785, Nashville, TN 37215.