



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](http://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
- Tote Bags - \$2,000
- Badge Holders - \$1,500
- Continental Breakfast in Exhibit Hall - \$1,500
- Breaks in Exhibit Hall - \$1,000
- Bag Inserts - \$500
- Spring Fling - \$500
- FallFest - \$795

#### Conference program advertisement

*Add a advertisement in the conference program for more exposure.*

- SF** 1/4-page: \$100
- SF** 1/2-page ad: \$150
- SF** Full page ad: \$200
- FF** 1/4-page: \$100
- FF** 1/2-page ad: \$150
- FF** Full page ad: \$200

Total Amount Authorized: \$ \_\_\_\_\_

*(continued on page 2)*



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## 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.

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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.

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**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](http://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: \_\_\_\_\_

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