



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 - \$2200** *(includes booth space at Spring Fling and FallFest, full page ad in conference programs, full page ad in March and September issues of TAPA newsletter, listed on TAPA website, four tickets to Annual TAPA Membership Meeting and Awards Luncheon - Value: \$2790)*
- Silver - \$2000** *(includes booth space at Spring Fling and FallFest, 1/2-page ad in conference programs, 1/2-page ad in March and September issues of TAPA newsletter, listed on TAPA website, two tickets to Annual TAPA Membership Meeting and Awards Luncheon - Value: \$2280)*
- 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, one ticket to Annual TAPA Membership Meeting and Awards Luncheon - Value: \$1100)*

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

- |  |  |
|--|--|
| <input type="checkbox"/> Conference Product Theater Luncheon | <input type="checkbox"/> Continental Breakfast in Exhibit Hall - \$1,500 |
| <input type="checkbox"/> Tote Bags - \$2,000                 | <input type="checkbox"/> Breaks in Exhibit Hall - \$1,000                |
| <input type="checkbox"/> Badge Holders - \$1,500             | <input type="checkbox"/> Bag Inserts - \$500                             |

**Exhibit Fees - Exhibitor registration rates for single booth space**

- Register for both Spring Fling and FallFest - \$1370 *(\$100 discount)*
- Spring Fling - \$675
- FallFest - \$795

**Conference program advertisement**

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

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

*(over for 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](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: \_\_\_\_\_

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