

ANPA Exhibitor & Insert Form

YES! WE WISH TO RESERVE EXHIBIT SPACE AT ANPA'S 33rd ANNUAL MEETING

- Standard 8 x 10' booth with one registration: \$2,500 each. Qty. _____
- End cap double booth with two registrations (limited availability): \$5,000 each. Qty. _____
- Bookseller table: \$850 each (single table). Qty. _____
- Bookseller table: \$1,500 (double table). Qty. _____
- Additional representative (limit of two additional registrants per booth): \$500 each. Qty. _____
- Supplied brochure or promotional item for meeting registrants (not to exceed 8.5 x 11"): \$1,000

In order to recognize your company as an ANPA exhibitor, please provide the following information:

COMPANY

_____ (as you wish it to appear on identification sign and listing)

Address _____

City _____ Prov/State _____ Zip/Code _____

Country _____

1st Exhibit Representative

Name _____

Email _____

2nd Exhibit Representative

Name _____

Email _____

PAYMENT INFORMATION (ALL AMOUNTS IN USD)

- Enclosed is our check for \$_____ to support the item(s) selected.
- Please invoice us. Enclosed is our Purchase Order for \$_____ to support the item selected.
- Please charge my credit card for \$_____ as follows:
 - MasterCard
 - Visa
 - Amex

Card #: _____ Exp. _____

TERMS AND CONDITIONS

- a) Exhibitor fee includes standard pipe and drape booth, skirted table and two chairs. Additional furnishings, labor, shipping costs, electrical needs, internet connections, etc., must be made in collaboration with ANPA and its vendors at the conference hotel. Information will be sent upon receipt of this form.
- b) Checks should be made payable to the American Neuropsychiatric Association. Exhibit space will not be assigned until full payment has been received. NOTE: Exhibiting companies will not be permitted to set up unless the fee is paid in full.
- c) Cancellations must be made 30 days prior to the conference start date in order to receive a refund of the full amount less a \$250.00 service fee. No refunds will be given for cancellations made within 30 days of the conference start date.

Contact Name _____

Title _____

Phone _____

Email _____

RETURN BY EMAIL: anpaoffice@gmail.com

RETURN BY FAX: (801) 421-0269

RETURN BY MAIL: ANPA Administrative Office, PO Box 97. Abilene, KS 67410-1707

QUESTIONS? CALL: 785-200-8184 or email: anpaoffice@gmail.com

