



Exhibitor Registration Form: Pay-by-check
(A \$25.00 processing fee is applicable for the pay-by-check option.)

Business Name: _____ Phone: _____

Address, City: _____ State: _____ Zip: _____

Primary Contact: _____ Email: _____

Do you need Representative name badges? *[if you need badges, type names below]*

Registration Costs and Sponsorship Opportunities:

Conference Amenities	Cost	Quantity	Sub-Total
Exhibitor Booth (includes WiFi & Electricity) *	\$1020. each		
* Save \$25 per booth (pay online w/credit card via AONP Activities page: www.npofoklahoma.com)			
Marketing Opportunities (limited quantities available)	Cost	Quantity	Sub-Total
Thurs. breakfast (contact Susie at susie@npofoklahoma.com)	TBD	Fri.-Sold	
Wed, or Thurs, lunch (contact Susie at susie@npofoklahoma.com)	TBD	Sold	
Photo Booth (company logo on each photo)	\$700.00		
Lanyards & attendee name badge (company logo on badges)	\$1,100.00	Sold	
Charging Station (company logo on charging station)	\$500.00		
Door Wraps	\$1,150.00		
Hotel Key Cards	\$1,700.00		
USB Flash Drives	\$2,000.00		
Convention Bags (3,000. if we purchase or you can provide)	\$3,000.00		
Total Registration Cost			

List Exhibitors you DO NOT wish to be near (if any): _____

Products being displayed: _____

An invoice will be sent to your email. Print invoice and mail with your check (payable to AONP) to:
 Association of Oklahoma Nurse Practitioners
 ATTN: Benny Vanatta, Executive Director
 1611 N. Broadway Avenue
 Oklahoma City, OK 73103

Federal Tax ID #73-1458735