

2017 EXHIBITOR RESERVATION FORM

Minneapolis, MN • Conference Dates: Oct. 10-15, 2017 • Exhibit Dates: Oct. 10-13, 2017

Organization's Name: _____

Address: _____

Telephone: (_____) _____ Website: _____

Contact Person: _____

Email: _____

Booth Identification sign (name of company): _____

Complimentary registration individual (only available once booth is paid in full) _____

Two name badges for booth personnel: 1: _____ 2: _____

Exhibit Booth(s)

Indicate booth location preferences from the included floor plan. Payment in full is required with application. If APT receives written notifications of intent to cancel before August 8, 2017, then APT will refund all rental fees minus a \$100 fee per booth. Refund requests received after August 8 will not be honored.

1st: _____ 2nd: _____ 3rd: _____ 4th: _____

() Booth(s) Total # _____ x \$400 (by June 30), \$450 (starting July 1) = Price Total _____

IMPORTANT: Exhibitor Directory Listing in Program Guide DEADLINE is August 1, 2017. Please email your 50-word description to scarter@a4pt.org. Include phone, fax, website and description of products/services exactly as you expect it to appear in the Conference Program Guide.

Conference Advertising

Conference mobile app _____ Registration Packet Inserts _____ Conference Program Guide (First come, First serve)
 Scrolling banner \$350 \$150 for exhibitors \$250 for non-exhibitors Inside front cover \$600 Inside back cover \$600

Conference Sponsorship

Type of sponsorship _____ Price _____

APT will follow up with complete sponsorship agreement

Advertising Terms/Expo Rules & Regulations

By signing this exhibitor/sponsor application, I agree that I have read, understand and agree to abide by the exhibitor guidelines as outline on the back of this application. Please initial _____

Exhibitor Signature _____ Date _____

Payment Method

Check enclosed \$ _____ (payable to APT) Charge amount \$ _____ VISA MasterCard

Card number _____ Exp Date _____ AVS Code _____

Cardholder name _____

Authorize Signature _____ Date _____

Fax to: (559) 298-3410

Mail to: Stephanie Carter, Advertising & Exhibits

401 Clovis Ave #107

Clovis, CA 93612

Email: scarter@a4pt.org

Phone: (559) 298-3400 x3

Office use

Date Received _____

Amount Paid _____

Balance Due _____

Booth(s) # _____

Initial _____