

HAPS Eastern Regional Meeting – November 2, 2019
Mohawk Valley Community College – Utica, NY
Exhibitor Application & Contract
Deadline for submission is October 11, 2019

Contact Person
Company Name
Address
City, State/Province, Zip Code
Email Address
Phone Number

Please check if you need: _____ Electrical Outlet _____ Internet Access

Exhibitor Fees & Payment

Quantity	Description	Cost	Total
	1 st Table (includes registration for 2 exhibit staff members)	\$300	
	Additional Table	\$150	
	Workshop fee:	\$110 (per session)	
	Poster fee:	\$60 (per poster)	
	Breakfast Sponsorship (check with HAPS office to see if available)	\$500	
	Lunch Sponsorship (check with HAPS office to see if available)	\$750	
	Advertise in Regional program (check with info@hapsconnect.org for availability)	Please refer to page 2 for fee structure	
	Door prize donation		
TOTAL DUE			

Exhibitor Staff Registration

1st table purchase includes registration for 2 staff members. Additional table purchase includes registration for 1 staff member per table. Extra staff registration without the purchase of an additional table is a fee of \$50 per staff member.

Name of Exhibit Staff Member(s)	Name of Exhibit Staff Member(s)

Place your advertisement in the Regional Program

- Ads may be sent to info@hapsconnect.org
- Deadline to submit an ad for the book is October 18, 2019.

Company _____

Contact Name _____

E-mail _____

Phone _____

FAX _____

Ad Specification Sheet Black & White	Price
Full size	\$75
½ page	\$50
Artwork enclosed please circle yes / no	
Artwork to follow please circle yes / no	
Special Instructions:	

Specifications & Requirements:

Final trim size – 8 x 10.5
 All text at least 1/2 inch from edge
 Standard ad space (W x H)
 ½ page – 7.5 x 5
 Full page – 7.5 x 10

Electronic Formats:

.pdf – high resolution
 .jpeg files
 .eps files
 Photoshop .psd
 Illustrator .ai

Include **all** fonts and linked artwork.

If received artwork is not one of the above electronic formats, there may be additional charges. HAPS reserves the right to reject any advertising considered non-conforming to HAPS standards. **Terms:** No agency discounts given on quoted rates. All rates are payable at time of ad placement. **Priority Placement:** All ads will be placed on a “first come/first serve” basis. **Cancellation/ Refunds:** Orders may be cancelled and refunds will be given till the reservation date. Cancellations after that time will not be eligible for refunds.

**2019 HAPS Eastern Regional Meeting
Exhibitor Application & Contract**

Applications may be faxed (706-883-8215), sent as an email attachment to info@hpsconnect.org
If paying by check, please mail application and check to the address below.

Human Anatomy and Physiology Society (HAPS)
251 S. L. White Blvd.
LaGrange, GA 30241

This information will only be used for the Human Anatomy & Physiology Society. For your convenience; we will use this authorization to charge your credit card account (if not paying by check). We will advise you, prior to charging card, of any unpaid balances at the conference or any additional amounts incurred at the show-site by your representative(s). This information is confidential.

Check **type** of credit card: ___MasterCard ___ Visa ___ American Express ___ Discover

Credit Card Number

Expiration Date

CVV

Company Name

Cardholder's Name

Cardholder's Billing Address

City, State/Province

Zip/Country

Signature

By signing below, I authorize the Human Anatomy and Physiology Society to charge the card above.

Signed: _____ Date: _____