Exhibitor Form 2020

First & Last Name _____________________________________________________

Email _______________________________________________________________

Company Name ____________________________________________________________________

Phone (best contact number) ________________________________________________

Exhibit Fee: (circle correct category)

- $500 - Corporate
- $150 - Not for Profit (Colleges, Universities, Hospitals, Government Agencies)
- $50 - Sole proprietors (jewelry, handmade products, etc.)

Payment Method

Check: Make payable to: The NPA
Mail to: 12 Corporate Drive, Clifton Park, NY 12065

Credit Card (circle one) Mastercard Visa Amex Discover

Card Number ____________________________

Exp. Date __________ CVV __________

Name on Card ________________________________

Mailing address for credit card holder
____________________________________________________________________

Signature ____________________________________________________________
Information needed for webpage

Send all information to Sue Hubbard at shubbard@TheNPA.org

You can send the information in an email or as an attachment in a Word document

Company logo – in jpeg format

Link to website

Contact information

Corporate and Not-for-Profit - Since this is statewide it is recommended that you have the company, college, university, hospital, etc., contact information rather than the individual representative’s information as you may receive calls from healthcare providers from all over the state.

Sole proprietor - you will want to include your contact information (email and/or phone number).

A list of therapeutic focus or disease areas for pharmaceutical companies

Description

Corporate - describe the company

Not-for-Profit - describe your services

Sole Proprietor - describe your products

Video – optional

Corporate - If the company has an approved 2- or 3-minute educational video that they would like to share with healthcare providers, please include a link.

Not-for-Profit - If your college, university, hospital, etc., has a short video about your services, please include link.

Sole Proprietor - If you have a short video about your product, please include link.

Deadline for submission of all information is September 15.
Acceptance of Exhibitor, Right of Refusal:

The NPA reserves the right to deny an exhibitor request for any reason. The NPA reserves the right to remove exhibitor information from the webpage if the NPA discovers information, which demonstrates that the proposed company would be inconsistent with the principles espoused by the NPA, unfavorable to the public reputation of the NPA, or not beneficial to its members. In this event, the NPA shall refund any exhibit fees paid to the NPA. The parties agree that Exhibitor will not be refunded any additional expenses related to Exhibitor’s information supplied to be posted on the NPA website.