

# Exhibitor/Sponsor Registration

AzPA 2009 Annual Convention

October 23 - 24, 2009

(Please complete and return via fax (480-675-9320) or mail to address below)

Contact AzPA at 480-675-9477

**COMPANY NAME:** (Print/type exactly as your company wishes to be identified)

**CONTACT PERSON:** (All confirmation information will be sent to the person listed)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Person who will be attending (if different than above) or additional attendees: \_\_\_\_\_

If there are any companies you prefer not to be placed near, please list: \_\_\_\_\_

**ELECTRICAL/SPECIAL REQUIREMENTS:** Please circle if needed. Yes No \_\_\_\_\_

**CANCELLATIONS:** Reservations must be cancelled in writing prior to August 31, 2009 to receive a full refund minus a \$50 administration fee. There will be no refunds on or after August 31, 2009.

## SPONSOR REGISTRATION

Please check level of sponsorship:

Platinum Sponsor (\$5,000)     Gold Sponsor (\$2,500)     Silver Sponsor (\$1,000)     Bronze Sponsor (\$500)

Customized Sponsorship (Meal; break; other)

Please call our office to discuss opportunities & pricing

**PACKET ADVERTISING:** \_\_\_\_\_ # of items @ \$150 / 300 items

**ADVERTISING:** (see enclosed for most current advertising prices)

Convention Journal, Amt Paid \$ \_\_\_\_\_ Circle One:    Full    Half    Quarter    Eighth

Onsite Convention Program, Amt Paid \$ \_\_\_\_\_ Circle One:    Inside Cover    Full    Half    Quarter    Eighth

## FEES:

Booth space ONLY (not as part of above sponsorship) at \$450.....\$ \_\_\_\_\_

Additional exhibitor's ticket to luncheons (registration includes breakfast & lunch for ONE booth staff PER company )  
All other meals are @ \$35/each per day..... \$ \_\_\_\_\_

**TOTAL AMOUNT DUE** \$ \_\_\_\_\_

**PERSON MAKING APPLICATION:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

## PAYMENT:

Credit Card Payment (Visa, Mastercard, Discover, or American Express) Circle one

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3 Digit Security Code on Back: \_\_\_\_\_

Name on Card: \_\_\_\_\_ **Signature:** \_\_\_\_\_

If paying by check (payable to: AzPA) mail to: 1843 E. Southern Ave, Tempe, AZ 85282,  
or fax (credit card payments only) to (480) 675-9320.