

Pennsylvania Physician Assistant Conference
Hilton Harrisburg
October 27 – 29, 2010
EXHIBITOR REGISTRATION

I. EXHIBITOR INFORMATION: Please attach your business card or complete the following:

NAME: _____
COMPANY: _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____
EMAIL ADDRESS: _____

II. PARTICIPATION: Please () the appropriate box below

_____ I will participate _____ I will not participate

III. CONTRIBUTION: Please () the appropriate box below

Yes, I would like to register as an exhibitor at a fee of \$_____. This includes an exhibit table and listing as an exhibitor in the program brochure

A check for \$_____ is enclosed

A check for \$_____ will be forwarded by the company

IV. GUIDELINES:

A. All checks for contributions should be made payable to: PSPA

B. Both personal and company checks are acceptable. All checks should be received no later than **August 1, 2010** unless special arrangements have been made regarding payment.

C. Due to table/space limitations, reservations will be restricted. Please return your registration form as soon as possible.

We must receive your registration prior to May 15, 2010 to assure that your company's name is included in the brochure.

V. REGISTRATION FORMS:

A. Return the registration form to Cindy Ciconi, 403 Village Way, Harrisburg, PA 17112 or email cindy.cicconi@gmail.com with any questions.

B. List any vendors who we should consider when assigning space:

C. Please print exactly how you would like your company name printed in the brochure.

D. Please complete the Educational Grant Form below:

PSPA accepts educational grants for the support of continuing medical education (CME) programs. These funds will be used to finance the costs of honoraria, travel, and other expenses directly related to the program for which the grant was provided. No funds will be used for any purpose other than those approved by AAPA.

No program funding may be provided except through an educational grant.

These policies and procedures have been adopted by AAPA and will be followed in our relationship with all commercial supporters of our CME programs. We expect that companies providing support for our programs will also comply with these policies. PSPA (as an approved provider) is responsible for: assurance of objectivity and balance; selection of topics, faculty and educational materials; and administration of the CME activity.

In order to document your willingness to comply with these standards, please complete the following:

PROGRAM TO BE SUPPORTED: PSPA Annual Conference

PROGRAM DATE: October 26 – 29, 2010 AMOUNT OF GRANT: \$ _____

ANY OTHER TERMS OR CONDITIONS: Grants are to be used to cover program expenses. We understand and agree to follow the policies and procedures as outlined in the Standards for Commercial Support of Continuing Medical Education by AAPA. All affiliations, sponsorships, financial support or other potentially biasing factors will be participants by PSPA.

COMPANY NAME:

REPRESENTATIVE'S PRINTED NAME:

REPRESENTATIVE'S SIGNATURE: