

Tennessee Academy of PAs P.O. Box 150785, Nashville, TN 37215 Telephone: (615) 463-0026

ephone: (615) 463-0026 Email: info@tnpa.com Tax ID #62-1218474

Exhibitor Registration Form Completed forms can be mailed or emailed to TAPA. Online registration is available at www.tnpa.com.

Company Name:					Date:		
(Please list company name as you would like it to appear in conference materials.) Conference Contact Name:							
Corporate Telephone Number:					Fax Number:		
Email	Addre	ss:					
Local	Addre	ss:					
District/Pegional Manager				Email Address:			
District/Regional Manager.							
Did a	PA ref	er you? If so, please provide their name:					
Annu	al Spo	onsorship Packages - Best value and g	greate	est ex	posure!		
	Gold - \$2000 (includes slides (3) sponsorship at Spring Fling, exhibit booth at FallFest, full page ad in conference programs, full page ad in June and September issues of TAPA newsletter, listed on TAPA website - Value: \$2595)						
	Silver - \$1600 (includes slides (2) sponsorship at Spring Fling, exhibit booth at FallFest, 1/2-page ad in conference programs, 1/2-page ad in June and September issues of TAPA newsletter, listed on TAPA website - Value: \$2145)						
	Bronze - \$1100 (includes slides (1) sponsorship at Spring Fling, exhibit booth at FallFest, 1/4-page ad in conference programs, 1/4-page ad in September issue of TAPA newsletter, listed on TAPA website - Value: \$1100)						
		Sponsorships - Can be combined with s - Exhibitor registration rates for sing					
Spring	g Fling						
	Pres	entation sponsorship - \$500		Slide sponsorship (2) - \$200			
	Slide sponsorship (3) - \$250 □ Slide			Slide	Slide sponsorship (1) - \$150		
FallFe	<u>est</u>						
	Tote	Bags - \$2,000		Continental Breakfast in Exhibit Hall - \$1,500			
	Badg	je Holders - \$1,500		Bag	Bag Inserts - \$500		
	Welc	ome Reception in Exhibit Hall - \$TBD		Breaks in Exhibit Hall - \$1,000			
	Product Theater - \$1,500; plus cost of F&B, A/V and Room Rental						
	FallF	est booth - \$795					
Confe	erence	program advertisement					
	SF	1/4-page: \$100		FF	1/4-page: \$100		
	SF	1/2-page ad: \$150		FF	1/2-page ad: \$150		
	SF	Full page ad: \$200		FF	Full page ad: \$200		
		Add an advertisement in the c	onfere	nce pro	gram for more exposure.		
Total	Amou	ınt Authorized: \$		-			
		(c	ontinue	ed on p	age 2)		



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Company Representatives

Name of individual(s) who will attend **FallFest** conference (\$50 per person fee for <u>more than four</u> individuals). Identification badges will be provided. Pre-registration of all individuals is required.

ELECTRICAL NEEDS - Please indicate if you will need electrical at your booth. Companies needing electrical hook -ups will receive an order form from the meeting venue. Order forms and payments must be submitted to the venue in advance of the meeting. I require an electrical hook-up at my table at FallFest. PLEASE REMIT PAYMENT TO: (online registration available at www.tnpa.com) TAPA, P.O. Box 150785, Nashville, TN 37215; or scan and email to info@tnpa.com Credit Card: UISA MASTERCARD AMERICAN EXPRESS DISCOVER Card Number:_____ Exp. Date:_____ CSV Code: _____ Signature: _____ Credit Card Billing Address Note: Please include credit card billing address below. Name of card holder (please print): _____ City: _____ State: ____ Zip Code: _____ Address:_____ Total enclosed or authorized: \$ ____ In accordance with the Exhibitor Guidelines, I hereby accept the terms and conditions for exhibiting at the TAPA CME Conference(s). This completed form represents a binding agreement between the exhibitor, the exhibitor's employing organization and the Tennessee Academy of PAs. Authorized by (Name): ______ Title: _____ Signature: Date:

Completed forms can be mailed to P.O. Box 150785, Nashville, TN 37215 or scanned and emailed to info@tnpa.com.