

**The Society of Army Physician Assistants'**  
30<sup>th</sup> Annual Physician Assistant Refresher Course  
April 20<sup>th</sup> thru April 24<sup>th</sup> 2009, Holiday Inn , I-95 Fayetteville North Carolina  
**EXHIBITOR SPACE REQUEST**

EXHIBITOR FEES: \$750 and above includes one or more 6' or 8' tables, draped and skirted, one wastebasket, a listing of your firm in meeting materials, continental breakfasts, and exhibitor lunch, all refreshment breaks and tickets to social functions for one member of your party. Additional tickets may be purchased if desired. By agreeing to exhibit, the exhibitor also agrees to comply with all Americans With Disabilities Act regulations in the design and set up of the exhibit. Exhibitor further agrees to abide by rules and regulations and restrictions outlined herein. Exhibitor agrees to accept a relocation should it be necessary for reasons beyond the control of SAPA

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Name of Company as it should appear on Printed Materials

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Mailing Address

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City, State, Zip Code

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Company Telephone Number

E-Mail Address

Company Fax Number

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Name, Address and Phone Number of Primary Contact

Special needs and requests: (Please Specify) We will make every effort to accommodate your firm: \_\_\_\_\_

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Full payment of the \$750+ Patron exhibitor fee is requested at least 10 days prior to the start of the conference (April 10<sup>th</sup> 2009). Please made check payable to SAPA P.O. Box 623, Monmouth, IL. 61462. Additional tickets to social functions will be available In order to ensure that name tags/badges and meeting materials are prepared for each of your representatives, please list here all the representatives who will be attending from your firm. Please list everyone. Use an additional sheet if necessary:

1. Name of Primary Representative for this meeting: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_
2. Additional Representative: \_\_\_\_\_
3. Additional Representative: \_\_\_\_\_
4. Additional Representative: \_\_\_\_\_
5. Additional Representative: \_\_\_\_\_
6. Additional Representative: \_\_\_\_\_

**EXHIBIT ONLY:**

Our firm would like to exhibit only for a fee of \$750+ (Patron).

- Our check for \$750+ is enclosed. (Includes Attendance list)
- Other arrangements (please describe): \_\_\_\_\_

**SPEAKER OR INSTRUCTION SPONSORSHIP:**

Our firm is interested in sponsoring a speaker or a block of instruction.

- We maintain a speaker file and have available the following speakers or subjects (attach additional sheets if necessary):
- We do not maintain a speaker file but have available and are willing to sponsor the following speaker(s) for the following subject(s):
- We are willing to fund a speaker selected by SAPA and are interested in the following subjects: \_\_\_\_\_
- A check for \_\_\_\_\_ is enclosed.  We will require a letter specifically requesting the above sponsorship.

**EDUCATIONAL GRANTS:**

The Society of Army Physician Assistants is highly appreciative and relies on educational grants from our sponsors to provide quality Continuing Medical Education to our members. In appreciation of educational grants of \$2,500 or more, the exhibitor fee is waived and there will be additional recognition and acknowledgment in the program brochure and in other special ways.

- Our check for \$\_\_\_\_\_ payable to SAPA is enclosed for this grant.
- Please invoice us for \$\_\_\_\_\_. Send invoice to the attention of: \_\_\_\_\_
- Other arrangement (please specify): \_\_\_\_\_

**SOCIAL AND ATHLETIC EVENT SPONSORSHIP:**

Our firm would be interested in sponsoring the following events to be held in conjunction with the 30<sup>th</sup> Annual SAPA PA Refresher Course (for an attendance of approximately 550-600):

- Golf Tournament
- SAPA President’s Reception
- Floor Shows and/or Bands
- Partial or full support of the Annual Banquet
- Other social function of your choice: \_\_\_\_\_

Please contact the Conference Coordinator listed below to make arrangements.

**OTHER SUPPORT REQUIREMENTS:**

Our firm would be interested in providing support for the following projects (please contact the Conference Coordinator or Registrar for details). Your firm will be given full credit for the sponsorship and appropriately recognized.

- Door prizes for general membership meeting
- Plaques and special awards to be presented at the banquet
- Printing of conference brochures and advertising (for those firms that have in house printing capabilities, SAPA would be willing to make long term arrangements)
- Sponsorship or advertising in the SAPA Journal (available are small advertisements, full page, full issue, yearly or permanent)

**Total Enclosed:** \_\_\_\_\_ ***Payment Must Be Received In Full Prior to Being Officially Registered!***

**Method of Payment:** Cash  Check  Credit Card  (SAPA is now able to accept American Express, Mastercard and Visa)

**Credit Card (Circle) Mastercard Visa Amen EX Credit Card Number :** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **I authorize SAPA to Charge My Credit Card the above Conference Registration Fees. SAPA reserves the right to charge the correct amount if different from the total payment listed above.**

**Signature Required for Credit Card Use:** \_\_\_\_\_

**CONTACT:**

ORIE ROBERT (BOB) POTTER, PA-C  
Conference Coordinator  
P. O. Box 623  
Monmouth, Illinois 61462  
Tel: 309-734-5446  
FAX: 309-734-4489  
E-mail orpotter@aol.com

**THANK YOU FOR ALL YOUR SUPPORT, PAST, PRESENT, AND FUTURE**

**Hotel Accommodations Available:**

|                               |                |                |
|-------------------------------|----------------|----------------|
| (Conference Hotel)            | InnKeeper      | Econo Lodge    |
| Holiday Inn I-95 Fayetteville | At Exit 49     | At Exit 49     |
| 1944 Cedar Creek Road         | (910) 485-6866 | (910) 223-0335 |
| Fayetteville, NC              |                |                |
| At Exit 49                    | Best Western   | Fairfield Inn  |
| (910) 323-1600                | At Exit 49     | At Exit 49     |
|                               | (910) 438-0748 | (910) 433-2666 |
| Comfort Inn - I-95            |                |                |
| At Exit 49                    | Days Inn       | Sleep Inn      |
| (910) 323-8333                | At Exit 49     | At Exit 49     |
|                               | (910) 223-1110 | (910)433-9090  |
| Hampton Inn I-95              |                |                |
| At Exit 49                    |                | Super 8 Motel  |
| (910) 323-0011                |                | At Exit 49     |
|                               |                | (910)323-3826  |

