

Exhibitor Registration Form

ACP NJ 2017 Scientific Meeting

March 3, 2016 | Renaissance Newark Airport, Elizabeth NJ

Company Name:	
Contact Name:	
Contact Email:	
Address:	
Phone:	

Please provide a brief description of the product or service you will be exhibiting. This information will be made available to attendees.

Exhibit space <i>(If you would like more than one space please call the office for information)</i>	\$1,125.00
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Sponsorship Opportunities (Single sponsorships listed below. Multiple sponsorships begin as \$500.00)

I would like to sponsor the breakfast	\$2,000.00
I would like to sponsor the morning break	\$1,500.00
I would like to sponsor the afternoon break	\$1,500.00
I would like to sponsor the lunch	\$5,000.00
I would like to sponsor the Resident/Student Poster Display	\$2500.00
I would like to sponsor the Internet	\$1,500.00

Remit payment in full with this form to: ACPNJ 2016 Scientific Meeting - 224 West State St., Trenton, NJ 08608
 or fax to 609-394-7712

Make checks payable to: ACPNJ

Method of payment: Check Visa MasterCard American Express

Card #: _____ Exp. Date: _____

Name (as it appears on the card): _____

Signature: _____

Billing address for card: _____

COMPLETE THIS FORM & RETURN WITH PAYMENT NO LATER THAN FEBRUARY 20, 2017.

Questions: Please contact Shawn Blakely at shawn@lutinemanagement.com

Space is Limited and is Assigned First Come/First Served.