



2017 PCA Exhibitor/Sponsor

Registration Form

COMPANY NAME: _____

COMPANY PRODUCT/SERVICE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

MAIN CONTACT NAME: _____

EMAIL: _____

PHONE: _____

ON-SITE CONTACT NAME(IF DIFFERENT FROM ABOVE): _____

ON-SITE CONTACT EMAIL: _____

ON-SITE CONTACT PERSON CELL#: _____

☐ **BOOTH PACKAGE - \$850:** BOOTH PREFERENCE: 1ST CHOICE _____ 2ND CHOICE: _____

FREE PROMOTIONAL ITEM TO BE INCLUDED IN PARTICIPANT TOTE BAGS (**MAIL TO PCA PROMPTLY**):

☐ ELECTRIC WILL BE NEEDED

SPONSORSHIP OPPORTUNITIES:

☐ SPEAKER SPONSORSHIP - 2- 1 AVAILABLE - \$1000 EACH - **1 SOLD, 1 STILL AVAILABLE!**

☐ MOBILE APP BANNER SPONSORSHIP - 1 AVAILABLE - \$1000

☐ PHOTOGRAPHER SPONSORSHIP - 1 AVAILABLE - \$500

☐ TOTE BAG SPONSORSHIP - 2 AVAILABLE - \$500 EACH

~~NAME BADGE / LANYARD SPONSORSHIP - 1 AVAILABLE - \$500~~ **SOLD!**

☐ DRINK TICKET SPONSORSHIP - 2 AVAILABLE - 30 TICKETS/ \$500

☐ MEAL SPONSORSHIP - SAT OR SUN BREAKFAST \$300/EACH, OR SAT LUNCH \$500

PLEASE INDICATE WHICH MEAL YOU WOULD LIKE TO SPONSOR _____

PAYMENT INFORMATION: TOTAL AMOUNT DUE: \$ _____ Check #: _____

Credit Card #: _____ Exp Date: ____ / ____ CCV: _____

Name on Card: _____ Billing Zip Code: _____

Signature: _____ Date: _____

If paying by check, make payable to Pennsylvania Chiropractic Association and mail to: 1335 N. Front Street, Harrisburg, PA 17102.

Or fax form to 717-232-8368 (If faxing, please call 717-232-5762 to confirm receipt).