

## **Conference Mobile App Push Notifications**

Take advantage of Conference Mobile App Push Notifications to help drive traffic to your exhibit booth. Create a special message with 140 characters or less (including spaces and punctuation).

Please fill in the following information	n:			
Exhibitor Name:				
Street Address:				
City/State/Zip:				
Contact Name for this Event:				
Phone:	Email:			
<b>COST:</b> \$250 each				
Days Available: (4 available per d	ay, with a	max of 2 notification	ons per company)	
Wednesday, May 17, 2017	☐ 1 push notification		2 push notif	fications
Thursday, May 18, 2017	☐ 1 push notification		2 push notif	fications
Friday, May 19, 2017	☐ 1 push notification		2 push noti	fications
TOTAL: \$				
Payment: ALL ITEMS WILL BE INVOICED. INVO	DICED BALA	NCE IS DUE UPON R	ECEIPT OF INVOICE.	
Please provide contact information for b	_			
Contact Name:				
Contact E-mail:				
Billing Address:				
Contact Phone:				
Agreed to in good faith by:		Accepted and Assigned by:		
Printed name of Authorized Sponsor Representative		Printed name of APA Representative		
Signature of Authorized Sponsor Representative	Date	Signature of Authoriz	ed APA Representative	Date