

Company Name: _____

Address: _____

City/State/Zip: _____

Contact Person for Virtual Expo: _____

Phone: _____ Email: _____

** Note: Virtual Congress has transitioned from a free product for all active APA members to a fee-based product for any APA members and non-members who do not attend the on-site Congress in Orlando, FL.

VIRTUAL EXPO ITEM:

Description	Quantity	Price	Total
Virtual Booth		<input type="checkbox"/> \$3,995	

Sponsorship Opportunities:

Thought Leadership Workshop Sponsorship (conducted by Sponsor)		<input type="checkbox"/> \$17,000 each (availability 2)	
Virtual Education Workshop Sponsorship (conducted by APA)		<input type="checkbox"/> \$8,000 each (availability 4)	
Game Sponsor (produced and run by APA and platform provider)		<input type="checkbox"/> \$7,500 each (availability 2)	

Additional Marketing Opportunities:

Description	Quantity	Price	Total
Pop-up Announcements		<input type="checkbox"/> \$750 each (availability 10)	
Networking Lounge Banner		<input type="checkbox"/> \$900 each (availability 3)	
Pre-Show Registration List		<input type="checkbox"/> \$2,100 (one-time use)	
Post Show Registration List		<input type="checkbox"/> \$3,000 (one-time use)	
TOTAL			

NOTE: Requests for Cancellation and Refund must be in writing. Cancellations are subject to a \$1,000 administrative fee if received on or before January 31, 2020. Cancellations received after January 31, 2020, will result in the APA retaining the full amount paid for each virtual booth and sponsorship. No requests for refunds will be granted after January 31, 2020. The APA reserves the right to deny exhibit space to companies that have overdue account balances with the APA and its affiliates.

Payment:

ALL ITEMS WILL BE INVOICED. Payment in full is required by January 31, 2020. Payment due upon receipt of invoice. *Please provide contact information for billing:*

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 Authorized APA Representative

Signature of Authorized Sponsor Representative

Signature of Authorized APA Representative

Date

Date

For Accounting Use Only	
C	
P	