



## Exhibitor Opportunities

Exhibit space includes:

- 1 booth space + 6' table, skirted, in area adjacent to lecture hall
- 1 lunch each day, break service coffee and snacks
- Optional room rate at Hotel Captain Cook if desired

**Exhibit Cost: \$975 per booth**

Exhibitor setup: Tuesday, July 30 from 3pm – 5pm

Exhibitor take-down is after 4:30pm on Thursday, August 1

### Additional Opportunities

**Break Sponsor \$1,000 (2 available):** Luncheon sponsors will be recognized in announcements at the event, in all event materials and website.

**Event Padfolios \$1,500 (1 available):** Each year a padfolio is produced for attendees to keep their conference materials organized. The sponsor would have an opportunity to place their logo on the padfolio and can supply the conference organizers with materials to place inside. The sponsor will also be recognized in all event materials and on the event website.

**Event Bags \$2,000 (1 available):** Each year a bag is produced for attendees to keep their conference materials in. The sponsor would have an opportunity to place their logo on the bag and can supply the conference organizers with materials to place inside. The sponsor will also be recognized in all event materials and on the event website.

**Cash Donation:** Your company can make a cash donation to the AKAPA to put towards miscellaneous expenses. Donors will be recognized in event materials and on the website.

Custom sponsorships are available. Please contact the Academy at 907-646-0588 or at [info@akapa.org](mailto:info@akapa.org) for more information.



## EXHIBITOR REGISTRATION FORM

To apply for a booth at this year's All-Alaska Medical Conference, please fill out this form and return to the Alaska Academy of Physician Assistants. Completed forms may be emailed to [info@akapa.org](mailto:info@akapa.org). If you prefer to apply online click [here](#). The Alaska Academy of Physician Assistants is a non-for-profit professional organization; our tax ID number is: 92-0135317.

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Number of Booths: \_\_\_\_\_ (\$975 each)      Do you require an electrical outlet?  Yes  No

Are you interested in other sponsorship opportunities?

- Break Sponsor \$1,000 (2 available)
- Event Padfolios \$1,500 (1 available)
- Event Bags \$2,000 (1 available)
- Cash Donation: Amount: \$ \_\_\_\_\_

Do you have a door prize you would like to provide for drawings at the conference?  Yes  No

Is yes, please describe: \_\_\_\_\_

Preferred method of payment:  Credit Card       Check

Card # \_\_\_\_\_

Please make checks payable to the

Expiration Date: \_\_\_\_\_

**Alaska Academy of Physician Assistants**  
2804 West Northern Lights Blvd.  
Anchorage, AK 99517

CSC # (3 digit code on back) \_\_\_\_\_

Card Address: \_\_\_\_\_

Tax ID Number: 92-0135317

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_