



2020 GAPNA Pharmacology
 Honolulu, Hawaii
 April 14-18, 2020

SUPPORT & EXHIBITION BOOKING FORM

Please complete all details and return to:

Jack Edelman / email: jack.edelman@ajj.com / phone: 856-256-2313 / fax: 856-589-7463

CONTACT/BILLING INFORMATION

Contact name: _____

*Name of Company: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: ____ / ____ / _____ Fax: ____ / ____ / _____

Email: _____ Website: _____

*Please note this is how your company and products/services information will appear on all meeting related materials.

Exhibit Booth Options		
Item	Price	Total
8 X 8 Exhibit Booth	<input type="checkbox"/> \$1,250	
8 X 16 Exhibit Booth	<input type="checkbox"/> \$2,400	
Corner Booth Ads	<input type="checkbox"/> \$100	
Program Book Advertising		
Back 4 th Page Cover	<input type="checkbox"/> \$2,500	
Inside Back 3 rd Cover	<input type="checkbox"/> \$1,750	
Run of Book Ad	<input type="checkbox"/> \$1,250	
Sponsorship Opportunities		
Registrant Delivery Program	<input type="checkbox"/> \$995 per piece	
Tote Bag Sponsorship	<input type="checkbox"/> \$8,500	
Free Standing Meter Boards	<input type="checkbox"/> \$995 per board	
Floor Decals	<input type="checkbox"/> \$1,500 (5) Decals	
Lanyard/Badge Holder	<input type="checkbox"/> \$3,500	
Mobile App	<input type="checkbox"/> \$7,500	
WiFi Support (Exclusive Sponsorship)	<input type="checkbox"/> \$7,500	
Total Amount Due:		

Choice of Booths:

1st choice _____ 2nd Choice _____ 3rd Choice _____

Description and Logo: (50 words or less)

Please provide an optional 50-word description of your exhibit display that will be included in the Program Book.

Write-ups must be submitted no later than January 6, 2020. Please email your company write-up to

Samantha.healy@ajj.com.



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Payment Information:

- Payment will be made by check, please forward me an invoice.
- Payment will be made by credit card. Please send me a receipt.

<p>Payment by Check (Tax ID No. 93-0832304) Mail check payable in U.S. Funds to: GAPNA <i>c/o Anthony J. Jannetti, Inc.</i> Postal - Box 56, Pitman, NJ 08071-0056 UPS/Overnight Service – 200 East Holly Avenue, Sewell, NJ 08080 856-256-2342/ Fax 856-589-7463</p>	<p>Full Payment by Credit Card (Tax ID No. 93-0832304) <input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Name on Credit Card _____ Credit Card Number _____ Charge Amount _____ Expiration Date _____ Security Code _____ Signature _____</p>
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We agree that we may not receive one of our preferred choices. However, the exhibit manager will try to make assignments in the requested area. Assignment of space will be considered accepted unless rejected, in writing, within seven days from the date of receipt of notification of space assignment. Once initial booth assignments are made, booths will be assigned on a first come, first served basis. Payment in full is due upon receipt of confirmation. A deposit in the amount of 50% for each exhibit space is required with application for exhibit space.

Applications submitted after November 1, 2019 must be accompanied by payment in full. All provisions of the official rules and regulations as published in the official prospectus shall be part of this contract.

Signature (required) _____ Date: _____