



**Annual Conference**  
 September 30<sup>th</sup> - October 2<sup>nd</sup>, 2021  
 San Diego, CA  
*In-Person & Virtual*



**Exhibit Badges:**

As part of your exhibit fee, you are entitled to the three comp booth personnel badges per 10'x10' booth: Use this form to submit your comp booth personnel and return no later than September 9, 2021.

Additional booth badges may be purchased for \$100 each and **MUST** be **PREPAID**. If additional badges are needed, kindly fill out the below and return to me no later than September 9, 2021 **in order to be pre-registered**, after this date you will need to register onsite.

Exhibiting Company Name: \_\_\_\_\_ Booth # \_\_\_\_\_

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

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

**Comp booth Personnel (emails are required)**

Representative 1

\_\_\_\_\_  
 Email

Representative 2

\_\_\_\_\_  
 Email

Representative 3

\_\_\_\_\_  
 Email

If you need to purchase more booth personnel, please complete the below and the credit card authorization form on the next page, all additional badges **MUST** be **PREPAID**.

**Additional booth Personnel (emails are required)**

Representative 1

\_\_\_\_\_  
 Email

Representative 2

\_\_\_\_\_  
 Email

**Additional booth Personnel (emails are required)**

Representative 3

\_\_\_\_\_  
 Email

Representative 4

\_\_\_\_\_  
 Email

Please complete, and e-mail this form to: [heidi.perret@ajj.com](mailto:heidi.perret@ajj.com) no later than September 9, 2021 **in order to be pre-registered**, after this date you will need to register onsite.



## CREDIT CARD AUTHORIZATION FORM

In order to charge your credit card and in accordance with the security measures taken by credit card companies, please fill in the following form and return.

Please send this sheet by fax or email scan to the attention of:

Heidi Perret  
GAPNA Marketing Coordinator  
Fax: 856-589-7463  
Email: heidi.perret@ajj.com

### Authorization for Credit Card Charges

Name of company \_\_\_\_\_

We authorize GAPNA to make the charge of: (US currency only) \$ \_\_\_\_\_

For the following services: \_\_\_\_\_

For meeting: \_\_\_\_\_

Credit card details to be charged: Tax ID# 93-0832304

AMEX       VISA       MC

Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security Code \_\_\_\_\_

Name of card holder: \_\_\_\_\_

Address: (as per credit card records): \_\_\_\_\_

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

Country: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email Address for receipt: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_ Date: \_\_\_\_\_