

GAPNA 2023 Pharmacology Conference
April 25-29, 2023 / Honolulu, Hawaii
BOOKING FORM



Exhibiting Company _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Phone: _____

Email: _____ Website: _____

MARKETING / EXHIBIT OPPORTUNITIES		
Industry Supported Presentation Theater (ISPT)	\$ 15,000 (select from the below)	\$
<i>Tuesday, April 25 (exclusive)</i>	<input type="checkbox"/> 5:00 pm – 6:00 pm	
<i>Wednesday, April 26 (exclusive)</i>	<input type="checkbox"/> 12:35 pm – 1:35 pm	
<i>Friday, April 28 (exclusive)</i>	<input type="checkbox"/> 7:00 am – 8:00 am	
<i>Saturday, April 29 (exclusive)</i>	<input type="checkbox"/> 7:00 am – 8:00 am	
Exhibit Booth Display	\$ 1,350	\$
PROGRAM BOOK ADVERTISING		
Back 4 th Page Cover	\$ 2,500	\$
Inside Back 3 rd Cover	\$ 1,750	\$
Run of book Ad	\$ 1,250	\$
SPONSORSHIP PROMOTIONAL OPPORTUNITIES		
WiFi Support (<i>exclusive sponsorship</i>)	\$ 7,500	\$
Tote Bags (<i>exclusive</i>)	\$ 5,000	\$
Registration Delivery / Tote Bag Insert	\$ 995 per piece	\$
Lanyard/Badge Holder	\$ 3,500	\$
Floor Decals (<i>limited</i>)	\$ 1,500 for (5) decals	\$
Free Standing Meter Boards	\$ 1,000 each	\$
TOTAL AMOUNT		\$

Signature _____ Date _____

___ Full Payment to be made via Check (*tax ID# 93-0832304*), make payable to GAPNA

___ Full Payment to be made via Credit Card (please complete the credit card authorization provided)
GAPNA now charges a 3.5% fee on all credit card transactions

___ Visa ___ MasterCard ___ AMEX

Name on Credit Card _____

Credit Card Number _____

Charge Amount \$ _____ Security Code _____ Expiration Date _____

Credit Billing Address: street # _____ zip code _____

Signature _____