

Exhibitor/Sponsor Application
American Psychotherapy Association &
American Association of Integrative Medicine
2006 National Conference
Sept. 21-23, 2006 Orlando, Florida

Company Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Sponsorship Opportunities:

- | | | | |
|--|---------|--|---------|
| <input type="checkbox"/> Platinum Conference Sponsor | \$4,000 | <input type="checkbox"/> Gold Conference Bag Sponsor | \$1,000 |
| <input type="checkbox"/> Platinum Banquet Sponsor | \$2,500 | <input type="checkbox"/> Silver Promotional Gift Sponsor | \$ 750 |
| <input type="checkbox"/> Gold Reception Sponsor | \$1,500 | | |

Exhibitor Space:

- 8' x 10' Exhibitor Booth \$250

Free Literature Table:

- Literature displayed in exhibit hall \$ 50 per design

Fees and Discounts:

Fees:

Sponsorship Total: \$ _____
 Exhibit Space Total: \$ _____
 Free Literature Table: \$ _____
 TOTAL: \$ _____

Discount (applies to exhibitor space only)

Registered for Conference \$50 \$ _____

GRAND TOTAL: \$ _____

Payment:

- Check Visa MasterCard AmEx

Account #: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

Please send completed application with payment to :

APA

2750 E. Sunshine

Springfield, MO 65804

Phone: 800-205-9165

Fax: 417-823-9959

Email: Kristina@acfei.com