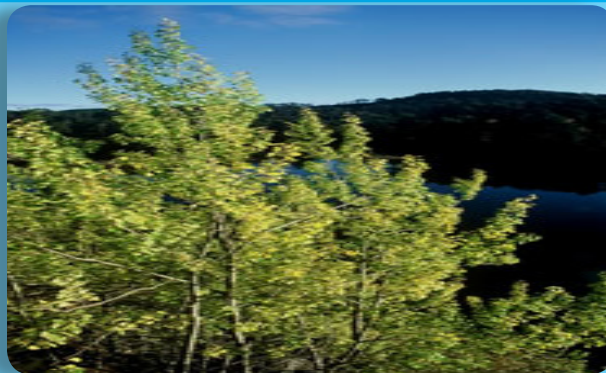


Colorado Academy of Physician Assistants

2010 Annual Summer CME Meeting

St. Joseph Hospital
Denver, Colorado



August 6-7, 2010

Exhibitor Registration Form

Company: _____

Please give the name exactly as it should appear on all meeting materials.

Representative: _____

Second Representative: _____

*Additional Reps: _____

Address: _____

City: _____

State: _____ ZIP: _____

Phone: _____

E-mail: _____

Confirmation will be e-mailed to this address from Goddard Associates.

Exhibitor(s) You Wish to Avoid: _____

Electricity: Yes No

*Many facilities charge for electricity and/or use of power cords.
Company will be responsible for costs associated with such usage.*

Registration Fee to Exhibit: \$600

Registration fee includes draped six-foot table and two name badges.

Stand-alone Exhibit: Yes No

If you use a stand-alone exhibit, your display must fit in the six-foot space provided. Contact CAPA if your exhibit will not fit in this space.

Additional Name Badges: \$25/badge

**Additional badges are \$25 each and are required for entry into the exhibit hall.*

Payment: Check Discover Visa MasterCard Total \$ _____

Card Number: _____ Expiration: _____

Name on Card: _____ Phone: _____

Billing Address: _____



C · A · P · A

Colorado Academy of Physician Assistants

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