

**Pennsylvania Association Directors of Nursing Administration Long Term Care
31st Annual Convention**

April 3-5, 2019

HOTEL HERSHEY - HERSHEY, PENNSYLVANIA

BREAK EXHIBIT CONTRACT

Company Name Above (Please Type or Print All Information)

Description of Company Products or Service: _____

Address : _____
Street City State Zip

Name, Telephone Number and E-mail Address of Person to Receive Confirmation Materials Above

List Representative(s) and titles who will Operate Exhibit Booth (Limited to 2 people) _____

TIMES DURING WHICH YOU MAY EXHIBIT:

Wednesday Morning (10:00 AM - 10:45 AM)

Wednesday Afternoon (2:45 PM - 3:30 PM)

Thursday Morning (10:00 AM - 10:45 AM)

Thursday Afternoon (2:45 PM - 3:30 PM)

Cost to Exhibit during any or all of the ABOVE NOTED TIME(S) is \$1,100.00. Please note, the actual exhibit time is only for the time NOTED and your display must be removed at the end of the time specified in order that the hotel staff can set up for the next event (storage space will be available for your exhibit materials during non-exhibiting times).

Please Note These Are Table Top Display Areas.

SECURITY AND LIABILITY: Hotel security will be provided during the non-exhibit hours. However each exhibitor must make provisions to safeguard their goods from the time they are placed in the area until they are removed at the end of the convention. Space is leased with the understanding that PADONA and the contracted hotel assume no liability whatsoever for damages, for any act of omission or commission in connection with said agency, and that the exhibitor and his representative hereby releases PADONA and contracted hotel from any or all liability for loss ensuing from any cause whatsoever. Exhibitor assumes entire responsibility and hereby agrees to protect, indemnify, defend and save PADONA and contracting hotel and their employees and agents harmless against all claims, losses or damages to persons or property, governmental charges or fines and attorney fees arising out of or caused by exhibitor's installation, removal, maintenance, occupancy or use of the exhibition premises, except to the extent that such claims, losses or damages is caused by the negligence or willful misconduct of PADONA or contracting hotel and their employees and agents.

Printed Name, Title and Signature of Authorized Representative for above named company:

(Print or Type Name & Title Above)

(Signature Above)

Telephone Number: _____ Cell Number: _____ Date: _____

Note: All unsigned contracts will be returned. **Please make all checks payable to PADONA (Federal Tax I.D. 23-2520948)**

To pay by credit card (preferred), simply complete the credit card authorization on the reverse side of this form and fax with contract to (856)780-5149 (no cover sheet required) or e-mail to cjones@padona.com

All contracts with payment by check are to be forwarded to the following address:

PADONA · Candace Jones, Administrative Director · 6033 Liberty Drive · Groveland, FL 34736

For additional information contact: Candace McMullen, Executive Director at cmcmullen@padona.com