

Break Exhibitor

**39th Annual Conference
March 30 - April 2, 2027
THE HOTEL HERSHEY - HERSHEY, PENNSYLVANIA**

Company Information

Company Name (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

Company Representative(s) and Titles
who will operate exhibit booth

(1)

(2)

Limited to 2 people. Additional representatives can be registered for \$290 per additional representative

**BREAK EXHIBITORS ARE PERMITTED TO EXHIBIT DURING MORNING AND AFTERNOON
BREAK TIMES. YOU WILL SET UP YOUR TABLE-TOP DISPLAY 30 MINUTES PRIOR TO THE
SCHEDULED EXHIBIT TIME AND BREAK DOWN YOUR EXHIBIT IMMEDIATELY
FOLLOWING THE EXHIBIT TIME.**

**TENTATIVE EXHIBIT TIMES (MAY BE SUBJECT TO CHANGE BASED ON FINAL
CONFERENCE SCHEDULE):**

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

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

Wednesday Afternoon (3:00-5:00 PM)

Thursday Afternoon (2:15 PM - 3:30 PM)

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).

Cost

\$1,800

PADONA Agency Member

\$2,300

Non-Agency Member

Exhibit Booth Electricity Needs

_____ YES, I need electricity at my booth _____ NO, I do NOT need electricity at my booth

Please specify what type of equipment will be used with the electrical outlet and voltage:

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. (over)

Company Representative:

(Print or Type Name & Title of Company Representative)

(Signature)

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)

Credit card payment is preferred. You can both register and submit credit card payment directly through our website at [Convention Exhibitor – PADONA – Pennsylvania Association of Directors of Nursing Administration](#)

OR

Submit this completed registration form directly to LuAnn White. Once registration is received, you will receive an invoice that will include a payment link for you to pay directly via credit card. You may fax the completed form to (856)780-5149 (no cover sheet required) or e-mail to luann@padona.com

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

PADONA c/o LuAnn White, Administrative Assistant 14232 Croghan Pike, Mt. Union, PA 17066

CANCELLATION POLICY: Cancellations will not be accepted for refunds after January 1, 2027. Any exhibitor cancelling after this date is liable to pay the full exhibit rental fee. Cancellations received prior to January 1, 2027, shall receive a 50% refund.