## PADONA's 37th Annual Convention – April 1 – 4, 2025 HOTEL HERSHEY - HERSHEY, PENNSYLVANIA

## **BREAK EXHIBIT CONTRACT**

	Compa	any Name Above (Please Type or	Print All Information)		
Description	on of Company Products or S	Service:			
Address:	Street	City	State	Zip	
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-	Name, Telephone Number	er and E-mail Address of Person to	o Receive Confirmation Mate	rials Above	
	presentative(s) and Titles	(1)			
	ll Operate Exhibit Booth	(2)			
Li	mited to 2 people. Addition	(2) nal representatives can be regist	tered for \$290 per additiona	l representative.	
BREAK	C EXHIBITORS ARE F	PERMITTED TO EXHIBIT	DURING MORNING A	AND AFTERNOON	
		SET UP YOUR TABLE TO			
SCHEDU	LED EXHBIIT TIME	AND <mark>BREAK DOWN YOU</mark>	<mark>'R EXHIBIT </mark> IMMEDIA	TELY FOLLOWING	
		THE EXHIBIT TIN	ME.		
S.C.	HENIH EN EVIHDIT	TIMES (MAY DE SIID IE	CT TO CHANCE DAG	CED ON FINAL	
<u>SC.</u>	REDULED EXHIBIT	TIMES (MAY BE SUBJE CONFERENCE SCHE		DED ON FINAL	
Wednesday Morning (10:00 AM – 10:45 AM) Wednesday Afternoon (3:00-5:00 PM)					
	lorning (10:00 AM - 10:4		Thursday Afternoon		
		Exhibit Booth Electrici	ity Needs		
	YES, I need elect	ricity at my booth	NO, I do NOT need electric	city at my booth	
Please specify what type of equipment will be used with the electrical outlet and voltage:					
İ					
Cost to parti	icipate as a BREAK EXI	HIBITOR during any or all o	of the ABOVE NOTED T	IME(S) is <u>\$1,600.00</u> for	
		<u>900</u> for Non-Agency members			
		ist be removed at the end of the ill be available for your exhibi			
up joi the ne	xi eveni (storage space w	ui de avadade foi your exhibi	a materials during non-ex	moung umes).	
SECURITY A	AND LIABILITY: Hotel s	ecurity will be provided during th	ne non-exhibit hours. Howev	er, each exhibitor must make	
provisions to s	afeguard their goods from th	ne time they are placed in the area	until they are removed at the	end of the convention. Space	
		OONA and the contracted hotel as th said agency, and that the exhib			
contracted hot	el from any or all liability for	loss ensuing from any cause what	tsoever. Exhibitor assumes en	ntire responsibility and hereby	
claims, losses	or damages to persons or pro	save PADONA and contracting hoperty, governmental charges or fir	nes and attorney fees arising o	out of or caused by exhibitor's	
		ncy or use of the exhibition premis onduct of PADONA or contracting			

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)					
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 <a href="mailto:luann@padona.com">luann@padona.com</a>					
	3	warded to the following address: 232 Croghan Pike, Mt. Union, PA 17066			

<u>CANCELLATION POLICY</u>: Cancellations will not be accepted for refunds after January 1, 2025. Any exhibitor cancelling after this date is liable to pay the full exhibit rental fee. Cancellations received prior to January 1, 2025, shall receive a 50% refund.