

**Pennsylvania Association Directors of Nursing Administration Long Term Care  
35th Annual Convention - March 29 - March 31, 2023  
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 (1) \_\_\_\_\_  
who will Operate Exhibit Booth (2) \_\_\_\_\_

**Limited to 2 people. Additional representatives can be registered for \$260 per additional representative.**

**FOR CONTINUING COVID-19 PANDEMIC CONCERNS, YOU MAY BE REQUIRED TO SHOW PROOF THAT YOU ARE FULLY VACCINATED, INCLUDING BOOSTER, AT REGISTRATION**

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.

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

<b>Wednesday Morning (10:00 AM - 10:45 AM)</b>	<b>Wednesday Afternoon (2:30 PM - 3:15 PM)</b>
<b>Thursday Morning (10:00 AM - 10:45 AM)</b>	<b>Thursday Afternoon (2:30 PM - 3:15 PM)</b>

**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:  
\_\_\_\_\_

**Cost to participate as a BREAK EXHIBITOR during any or all of the ABOVE NOTED TIME(S) is \$1,350.00 for PADONA Agency members and \$1,700 for Non-Agency members - 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).**

**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)

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 below and fax with contract to (856)780-5149 (no cover sheet required) or e-mail to [cjones@padona.com](mailto:cjones@padona.com)**

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

**NEW ADDRESS: PADONA · Candace Jones, Administrative Assistant 1788 Pacillo Place, The Villages, FL 32163**

**For additional information contact: Candace McMullen, Executive Director at [cmcmullen@padona.com](mailto:cmcmullen@padona.com)**

## PADONA / LTC CREDIT CARD AUTHORIZATION FORM

Please complete the following Credit Card Authorization in order to allow us to process your payment.

I authorize PADONA/LTC to bill my valid credit card immediately for the item noted below.

### Payment Information:

Name as it appears on credit card: \_\_\_\_\_

Type of credit card:     AMEX     Discover     MasterCard     VISA

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_                      Security Code: \_\_\_\_\_

Amount to be charged to card: \_\_\_\_\_

For: \_\_\_\_\_

E-mail address where receipt will be sent: \_\_\_\_\_

Name: \_\_\_\_\_                      Date: \_\_\_\_\_

(Print)

Signature: \_\_\_\_\_

(Your credit card information will be used only as necessary to process payment and will not be shared with any other party except as may be required by law.)

Your form may be e-mailed to [cjones@padona.com](mailto:cjones@padona.com) or faxed to 856-780-5149.