



2025 APTA ALASKA SPRING CONFERENCE

SATURDAY, MAY 3, 2025

EXHIBITOR / SPONSOR REGISTRATION FORM

Company Name: _____ Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-Mail: _____

Booth Attendee Name(s): _____

EXHIBIT BOOTH ONLY

- _____ \$350 (2 Booth Attendees)
- _____ \$25 For Additional Booth Attendees (If you have more than 2)

SPONSORSHIP OPPORTUNITIES - BOOTH NOT INCLUDED

- _____ \$250 – Break
- _____ \$500 – Lunch
- _____ \$300 – Logo on Electronic Conference Handout
- _____ \$150 – Distribute Company Literature Only*

**(Must be received two weeks prior to Conference or hand delivered to the Conference.)*

TO PAY BY CREDIT CARD & REGISTER ONLINE, CLICK [HERE](#)

Check Payments – Complete This Form and Mail Along With the Check to:

APTA ALASKA, 140B PURCELLVILLE GATEWAY DRIVE, SUITE 120, PURCELLVILLE, VA 20132

Questions? – E-Mail – info@aptaalaska.org

DEADLINE – APRIL 21, 2025

SCHEDULE FOR EXHIBITORS

Providence Alaska Medical Center, 3200 Providence Dr, Anchorage, 99508

SATURDAY, MAY 3

9:00 – 10:30 am	Exhibitor Set-Up
10:30 – 10:45 am	Break/Exhibit Hall
1:00 – 1:30 pm	Lunch/Exhibit Hall
3:00 – 3:15	Break/Exhibit Hall
After 3:15 pm	Exhibitors Can Break Down Booths