

NEW YORK ASSOCIATION OF NATUROPATHIC PHYSICIANS
Annual Conference – Saturday, October 17, 2020

EXHIBITOR REGISTRATION

Please submit completed application to: Attn: NYANP, 112 Brook Rd., Port Jefferson, NY 11777 or email to executivedirector@nyanp.org

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Email: _____

Telephone: _____ Fax: _____

EXHIBITS

Registration Information: TABLETOP DISPLAY ONLY! In order to allow for maximum capacity and flow—
NO LARGE POP-UP DISPLAYS. Includes ONE full conference registration/booth, plus meals for ONE staff member.

# Booths Requested	_____ x \$975/each	\$ _____
# Extra Meal Packages	_____ x \$75/each	\$ _____
Speaker Sponsorship	_____ x \$495/each	\$ _____
Bag Inserts	_____ x \$350/each	\$ _____
Logo on Name Badges	_____ x \$295/each	\$ _____
	Total Cost	\$ _____

PAYMENT METHOD

_____ Check (Please make check payable to NYANP)

_____ Call or email to arrange time to speak on phone with CC info (646) 926-7022

_____ Credit Card Please circle: Visa/Mastercard

Name on card: _____

Address card is billed to: _____

City: _____ State: _____ Zip: _____

Account #: _____ Exp. Date: ____/____/____

Security Code: _____ (3-digit code on back of card)

Cardholder Signature: _____

I am an authorized representative of the company named above with the full power to sign and deliver this application. The company listed on this application agrees to comply with all policies, procedures, rules, terms, and regulations included. I further acknowledge that the NYANP reserves the right, in its absolute discretion, to reject this application and contract for exhibit space.

Signature: _____ **Date:** _____

CANCELLATION POLICY

Exhibitors canceling on or before June 15, 2020 shall be subject to a cancellation fee equal to 50% of the total cost. Cancellations occurring after June 15 are subject to a cancellation fee equal to 100% of the cost.