

NEW YORK ASSOCIATION OF NATUROPATHIC PHYSICIANS
Annual Conference – Saturday, October 14, 2023

EXHIBITOR REGISTRATION

Please submit completed application to: NYANP, 112 Brook Rd., Port Jefferson, NY 11777 or email to executivedirectorNYANP@gmail.com

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Rep Name: _____

Telephone: _____ Email(s): _____

EXHIBITS

Registration Information:

Virtual Exhibitor Registration _____ x \$975/each \$ _____

Speaker Sponsorship _____ x \$495/each \$ _____

Total Cost \$ _____

PAYMENT METHOD

_____ Online

_____ Check (Please make check payable to NYANP)

_____ Credit Card Please circle: Visa/Mastercard/Amex

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 July 1, 2023 shall be subject to a cancellation fee equal to 50% of the total cost. Cancellations occurring after July 1 are subject to a cancellation fee equal to 100% of the cost.