

Private Providers

Association of Texas

27th Annual Fall Conference Sept. 4 – 6, 2024 DoubleTree Hotel • Austin, Texas

Exhibitor Form

<u>Benefits</u>:

Access to 150⁺ decision-makers and Recognition in our conference program and on our website.

Schedule:

Exhibit Hall (Phoenix Central) is open:

- Wednesday, September 4th 2:30 p.m. to 7:30 p.m.
- Thursday, September 6th 7:00 a.m. to 7:00 p.m.

Exhibitor Set-up:

- Wednesday, September 4th 10:00 a.m. to 5:00 p.m., or
- Thursday, September 5th 6:00 a.m. to 7:00 a.m.

How Can You be a Part of This Unbeatable Marketing Opportunity? Submit an Exhibitor Form with payment of \$475 by Friday, July 26, 2024. Late registration is \$525.

Other Details:

- All breaks and the Thursday morning breakfast are in the Exhibit Hall.
- There are thirty (30), 6' x 3' tables available for exhibitors.
- Exhibitor fees include one full registration. Registration for other company representatives is \$250. (maximum two additional representatives at reduced rate).
- Space will be assigned on a first come/first serve basis upon receipt of payment.
- To receive a full refund, written notice must be emailed to PPAT by **Monday, August 12, 2024**. There are <u>no exceptions</u> to this policy.

Special Notes:

- Please call the PPAT Office to confirm your exhibit space reservation.
- Forward your company logo for placement on PPAT's website to ppat100@aol.com. Acceptable format: JPEG
- Primary attendee name & contact information will be listed on PPAT's website unless otherwise requested.



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Exhibitor Company Information:

Company Name				
Contact				
Address				
City		<u>e</u>	Zip	
Phone	Fax_			
Email	Web	osite		
Exhibitor Registration: (Primary attendee name & co	ontact information will be listed or	n PPAT's website unle	ess otherwise requested.))
\$475 Registration (by 7/26/24)				
Attendee Name:		Email		
\$525 Registration (after 7/26/24)				
Attendee Name:	e:Email			
\$250 (Additional Attendee) Name:				
\$250 (Additional Attendee) Name:				
Silent Auction Item(s):		<u>\$</u>	(value)	
		\$	(value)	
Goody Bag Item(s):				
Method of Payment § Total Payment Enclosed				
Check # Credit Cards Accepted:	□ American Express	□ Discover	□ MasterCard	□ Visa
Card #:	Exp. Date:		CVV Code:	
Card Holder Name:	Card Holder Signature			
Personal or digital signa All payments/information must be enclosed. registration policies and hotel information. S	5	for registration f	ees. Please see the f	010

You may email or fax your completed form to PPAT. Registration will not be completed unless payment is received. **Please call the PPAT Office to confirm your exhibit space reservation.** For further information call the PPAT Office at 512.452.8188.

Please forward your company logo for placement on PPAT's website to ppat100@aol.com. Acceptable format: JPEG

Remember...early exhibit registration must be received by Friday, July 26, 2024.

PPAT • 8711 Burnet Road, E-53 • Austin, Texas 78757 512.452.8188 • 512.458.3078 fax • ppat100@aol.com • <u>www.ppat200.com</u>