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**PAPNA – VENDOR TABLE REGISTRATION**

May 8-9, 2024  
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COMPANY _____
Contact _____
Email: _____

Phone _____ - _____
Fax: _____ - _____

Please reserve _____ table(s) at \$ 300.00 per table
Agenda: May 8 & 9: Set-up by 10:00 am

Conference Hours: 10:00 am – 5:00 pm

- Vendor Visit May 8th : 11:00 am – 12:00 pm & 2:00 pm- 3:00 pm
- Vendor Visit May 9th : 10:15 am - 11:15 am & 1:00 pm- 1:45 pm

Payment:

Please enclose payment in the form of a Money Order or Check to Kim O’Neil (see below for details).

Tables reserved _____ x \$300 = _____

Vendor Sponsor Amount = _____

TOTAL Money Order/ Check payment: \$ _____

Terms and conditions:

- ◆ Set-up and tear down is client’s responsibility.
- ◆ Hotel is not responsible for lost and/or stolen items.
- ◆ Tacks/staples and pins may not be used to secure signage/posters
- ◆ The vendor room will be secured at the conclusion of each session. Room will not be accessible without the presence of PAPNA conference coordinator.
- ◆ **Things provided with Vendor Registration:**
 - Vendor Table
 - Morning Break food and drinks (9:00 am- 10:00 am)
 - Lunch Buffet
 - Afternoon Break food and drinks (2:00 pm- 4:00 pm)

Please MAIL CHECK/ Money Order to Kimberly O’Neill. Please also send an e-mail notification that you have sent a check for the PAPNA Conference to Kimberly O’Neill at oneik@stcenters.org AND Heather Haines at hhaines_pn@mcsdk12.org

Kimberly O’Neill, MSN, RN
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