

**SDAPA 2010 CME CONFERENCE
SEPTEMBER 9 & 10, 2010 – Holiday Inn City Centre
100 W. 8th Street, Sioux Falls, SD
SPONSORSHIP OPPORTUNITIES**

**Please complete this form and return it to the SDAPA office.
SDAPA's Tax ID # 46-0379893.**

Preferred Company Name (as you wish it listed on the brochures and signage board)

Contact Person _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

E-mail _____

Yes, we will exhibit!

Sorry, we will be unable to exhibit in:

_____ September

_____ September

_____ Number of booths

(Fee to exhibit is \$500.00 per event booth)

Our Company would also like to sponsor the following special event(s):

September 9 & 10, 2010

_____ Thursday morning breakfast.

_____ Thursday luncheon.

_____ Friday morning breakfast.

_____ Friday luncheon.

_____ Refreshment breaks in exhibit area

Please mail or fax this form to:

South Dakota Academy of Physician Assistants

Mary B. Nafus, Executive Secretary, 120 South Madison Avenue Pierre, SD 57501-3536
(605) 224-1203 Fax (605) 224-8221 E-mail: nafmb@dakota2k.net; Website: www.sdapa.net

Please charge my:



Amount: \$ _____

Account # _____ Exp. Date: _____ V Code: _____ (on back of card)

Signature: _____