

**SDAPA 2012 CME CONFERENCE
WINTER/SPRING CME – RAPID CITY - RAMKOTA – MARCH 8 & 9, 2012
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!
_____ March 2012

Sorry, we will be unable to exhibit in:
_____ March 2012

_____ Number of booths
(Fee to exhibit is \$500.00 per event booth)

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

March 8 & 9, 2012

- _____ Thursday morning breakfast.
- _____ Thursday luncheon.
- _____ Friday morning breakfast.
- _____ Friday luncheon.
- _____ Refreshment breaks in exhibit area
- _____ Other: e.g. events or host hospitality suites

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: _____