



# HANDS-ON WORKSHOP APPLICATION

16<sup>TH</sup> ANNUAL NATIONAL CLINICAL CONFERENCE | SEPTEMBER 7-9  
Loews Philadelphia Hotel | Philadelphia, PA  
[apwca.org/conference](http://apwca.org/conference)

## OVERVIEW

Exhibiting sponsors of the American Professional Wound Care Association (APWCA) Annual National Clinical Conference are invited to participate in a NON-CME hands-on workshop immediately following the pre-conference certification review course. Workshops will be in a ballroom adjacent to the general session. Workshop sponsors must provide products and materials for an interactive hands-on experience.

APWCA encourages an engaging demonstration led by a clinically trained proctor with an educational focus at each workshop. Participating sponsors are welcome to invite current APWCA faculty members to be a workshop proctor. It is the responsibility of the workshop sponsor to recruit proctor(s), negotiate honoraria and expenses and communicate all necessary workshop details.

Company name, workshop title, description, and proctor will be included in the onsite printed program. APWCA will also promote the workshops online, via emails, and in other materials.

## TIMELINE

Friday, August 11  
Print and Payment Deadline

Thursday, September 7

1:00 PM – 4:00 PM      Move-In  
4:15 PM – 6:00 PM      Workshops  
6:00 PM – 7:00 PM      Move-Out

## LOCATION

Commonwealth Hall  
Loews Philadelphia Hotel  
1200 Market Street  
Philadelphia, PA 19107

Total contact casting workshops will be held in a separate room.

## STANDARD EQUIPMENT & FEE

### Fee

- \$500
- Additional tables may be rented for \$200 per table.

### Equipment

- Two 6'x30" tables with linens and two (2) chairs
- Electrical and internet may be ordered using the forms at [www.apwca.org/sponsors](http://www.apwca.org/sponsors).

## CANCELLATIONS

Cancellations must be provided in writing; refunds will be as follows:

- \$0.00 Penalty On/Before January 31, 2017
- 50% Penalty On/After February 1, 2017 – Before March 1, 2017
- No REFUNDS will be given after March 1, 2017 – No Refunds for “No-Shows”

**All fields below must be completed. Incomplete applications will not be accepted.**

COMPANY INFORMATION

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

PROCTOR

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Credentials \_\_\_\_\_ Affiliation/Organization \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

WORKSHOP DETAILS

Category  Bedside Grafting  Cellular and Tissue Based Products  Compression  Vascular Screening

Total Contact Casting  Negative Pressure Wound Therapy  Other \_\_\_\_\_

Title \_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_

PAYMENT INFORMATION

Upon receipt of application, an invoice will be sent to the email address provided above with online credit card and eCheck payment options. Payments must be received prior to the meeting date; move-in will not be permitted without final payment.

CREDIT CARDS

All major credit cards accepted.  
3% processing fee

CHECKS

Make payable to "APWCA"  
Mail to: 3639 Ambassador Caffery Pkwy  
Suite 605  
Lafayette, LA 70503

SPONSOR SUPPORT

Office: 337.541.2240  
Fax: 337.993.7922  
[exhibits@apwca.org](mailto:exhibits@apwca.org)