



AMERICAN PROFESSIONAL WOUND CARE ASSOCIATION

In partnership with:



A South Texas Health System Facility

WOUND HEALING AND HYPERBARIC SYMPOSIUM

McAllen, TX | September 15, 2018



EXHIBIT SPACE AND SUPPORT APPLICATION

EXHIBIT COORDINATOR CONTACT

Company Name _____

(As it will appear online and in onsite materials.)

Address _____

City _____ State _____ Zip _____

First Name _____ Last Name _____

Work Phone _____ Mobile Phone _____

Email _____ Signature _____

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.

APWCA is a 501(c)(6) non-profit organization, Tax ID 23-3078561. A W-9 is available for download on the exhibitor page of apwca.org/texas.

- **Credit Cards**
3% processing fee, all major credit cards accepted
- **eChecks**
No processing fee, instructions provided on invoice
- **Checks**
Payable to APWCA, mail to:
3639 Ambassador Caffery Pkwy, Suite 605
Lafayette, LA 70503

EXHIBIT SUPPORT

337.541.2240
exhibits@apwca.org

MEETING LOCATION

Embassy Suites McAllen Convention Center
800 Convention Center Blvd
McAllen, TX 78501
956.688.8329

EXHIBIT INFORMATION

- Payment must be received prior to move-in
- Exhibit space includes one (1) 6' x 30" table with linen and two (2) chairs
- Send all shipments to Embassy Suites - McAllen Convention Center
- Exhibit services are not provided for this meeting

DEADLINES

Friday, May 25	Ads, Logos, and Company Descriptions
Friday, May 25	Final Payments
Wednesday, Sept. 5	Name Badges

EXHIBITOR SCHEDULE

Friday, Sept 14
Move-in: 3:00 pm - 5:30 pm | VIP Reception: 6:00 pm - 8:00 pm

Saturday, Sept 15
Exhibit Hours: 7:30 am - 3:00 pm | Move-out: 3:15 pm - 4:30 pm

SUPPORT OPPORTUNITIES

<input type="checkbox"/> Platinum	\$ 3,000
<input type="checkbox"/> Gold	\$ 2,000
<input type="checkbox"/> Silver	\$ 1,500
<input type="checkbox"/> Supporter	\$ 1,000
<input type="checkbox"/> Exhibitor	\$ 500
<input type="checkbox"/> Breakfast Symposium	\$ 2,500
<input type="checkbox"/> Lunch Symposium	\$ 4,000
<input type="checkbox"/> Reception Sponsor	\$ 4,000
TOTAL _____	