

PAAP 2025 ANNUAL CONFERENCE SPONSOR/ EXHIBIT APPLICATION AND CONTRACT FORM (pg. 1 of 2)

Sponsor/Exhibitor Contact Information

Company/Organization: _____

- ☐ My organization qualifies for a discount of 10% on exhibit booth Purchases and a 10% discount on program ads through its Organizational Membership.

Primary Contact Person: _____

(This contact person will receive all correspondence relating to this event.)

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Work Phone: _____

Fax: _____ Mobile Phone: _____

- ☐ We would like to arrange a book signing or have a service available at our booth.

Payment Information

(All payments must be in U.S. dollars; cards will be charged by PAAP.)

- ☐ Check (Payable to PAAP)

Card Type: ☐ Visa ☐ MasterCard ☐ American Express

Card #: _____

Exp. Date: _____ CVC: _____

Name on Card: _____

Authorized Signature: _____

Exhibit Staff Badges

(Names must be submitted by August 31, 2025.)

#1 Full Conference Badge included with booth

First and Last Name: _____

Job Title: _____

Email: _____

Indicate special needs or dietary restrictions: _____

Additional Booth Staff (\$100 each*)

Note: Badges are not transferable. Additional exhibit-only personnel requires regular registration.

*Platinum, Gold, and Silver sponsors receive additional registrations.

Please refer to the chart on website.

#2 First and Last Name: _____

Job Title: _____

Email: _____

#3 First and Last Name: _____

Job Title: _____

Email: _____

#4 First and Last Name: _____

Job Title: _____

Email: _____

Indicate special needs/dietary restrictions for booth staff: _____

MAIN SPONSORSHIP OPPORTUNITIES

Quantity	Sponsorship Support Levels	Unit Price	Total
	Diamond Level Sponsorship	\$10,000	
	Platinum Level Sponsorship Item Choice:	\$7,500	
	Gold Level Sponsorship Item Choice:	\$5,000	
	Silver Level Sponsorship Item Choice:	\$3,000	
	Bronze Level Sponsorship Item Choice:	\$2,000	

ADDITIONAL SPONSORSHIP OPPORTUNITIES

	Networking Breakfast	\$3,000	
	Networking Lunch	\$3,000	
	Yoga	\$1,000	
	Session Sponsorship	\$1,000	
	Refreshment Breaks	\$1,000	
	Conference Bags(with name and logo)	\$2,000	
	Lanyards (name and logo)	\$1,000	
	Pens (name and logo)	\$1,000	
	Promotional materials placed in conference bags	\$400	
	1 Vendor table plus 10 attendee table	\$1,000	
	1 Vendor table plus 20 virtual seats	\$1,000	
	1 Vendor table plus 10 virtual seats	\$700	

- ☐ We'd like to build our own sponsorship. Please contact us.

ADS IN THE CONFERENCE PROGRAM

	Inside Front Cover	\$1,000	
	Inside Back Cover	\$500	
	Full Page, Interior	\$750	
	Half Page, Interior	\$400	
	Quarter Page, Interior	\$300	
	Business Card, Interior	\$200	

EXHIBIT HALL

	Early Bird Table Top (4x6)	\$175	
	Tabletop (4x6) (After July 1)	\$350	
	Additional Exhibit-only Badge	\$100	

Total Amount to Be Charged to Credit Card

Sponsor/Exhibitor Acceptance

I, the duly authorized representative of the above-named entity, subscribe and agree to all terms and conditions contained in this Prospectus. PAAP reserves the right to refuse this application for any reason.

Name (Print): _____

Title: _____

Signature: _____ Date: _____

Please return the completed form via email to PAAddictionProfessionals@gmail.com

PAAP 2025 ANNUAL CONFERENCE SPONSOR/ EXHIBIT APPLICATION AND CONTRACT FORM (pg. 2 of 2)

Information for On-site Program: August 31, 2025 Deadline

Please send information to PAAddictionsProfessionals@gmail.com

Exhibitor Category *(Please select one category.)*

- | | | |
|--|---|--|
| <input type="checkbox"/> Non-profit | <input type="checkbox"/> Web Design | <input type="checkbox"/> Medical Device |
| <input type="checkbox"/> Legal and/or Financial Services | <input type="checkbox"/> Electronic Health Record | <input type="checkbox"/> Clinical Software |
| <input type="checkbox"/> Treatment Providers | <input type="checkbox"/> Drug Testing Laboratory | <input type="checkbox"/> Clinical Therapeutic Devices |
| <input type="checkbox"/> Employment Opportunities | <input type="checkbox"/> Business Management Software | <input type="checkbox"/> Training/Continuing Education |
| <input type="checkbox"/> Telehealth | | |
| <input type="checkbox"/> Other _____ | | |

Exhibitor Information for Public Listing *(Fill in areas if different than the information shown on page ten.)*

Name of Company/Organization: _____

On-site Contact Name: _____

Title: _____

Email: _____ Work Phone: _____

Mailing Address: _____

Exhibitor Profile *(Description of your company's services and/or products in 50 words or fewer.)*

Exhibitor Logo *(Needs to be a high-resolution image of at least 1 MB or more. Please attach separately.)*

☐ We have attached a png/jpg file of the logo.

Additional marketing materials/documents to be uploaded to the booth page.

Provide direct URLs for these materials:

Facebook: _____

Twitter: _____

LinkedIn: _____

YouTube: _____

Instagram: _____

Website URL: _____

Additional links/materials: _____



ANNUAL
CONFERENCE
AND HILL DAY

Radisson Philadelphia Northeast

2400 Old Lincoln Highway, Trevose, PA 19053 Hotel Phone: [\(267\)520-6692](tel:2675206692)

Sponsorship, Exhibits, Advertising, & Customer Service

★ Phone: 484-704-0003 ★ Email: PAAddictionsProfessionals@gmail.com