



**Napa Valley 1 Day Conference  
February 23, 2019  
Napa Valley Marriott  
Application and Contract to Exhibit**

Company: \_\_\_\_\_  
Name of Rep: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email \_\_\_\_\_  
Signature: \_\_\_\_\_

**CAPA Staff:**

Please reserve space for our exhibit at the *CAPA at Napa* 1 Day Conference on February 23, 2019. I understand that we will be assigned a 2 1/2 by 6 foot draped table for our use to display material on the following products:

\_\_\_\_\_

**Attendance:** We anticipate over 200 PA, NP and physician registrants

**Exhibit Set Up:** Saturday, February 23, 2019 at 7:00 AM

**Exhibit Tear Down:** Saturday, February 23, 2019 at 11:30 AM

**Exhibit Times:** Two exhibit times: 8:00 AM – 8:45 AM; 10:50 AM – 11:35 AM

**Remittance:** The cost of the exhibit space is \$700. CAPA must receive full payment within 30 days after this Application and Contract is received or no later than January 31, 2019 (whichever is first).

**Payment:**  Check (If you wish to pay by check, please make your check payable to CAPA and mail to the address below.)

M/C  Visa  AMEX

Name on card \_\_\_\_\_ Address \_\_\_\_\_

Signature \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV Code \_\_\_\_\_ Amt \$ \_\_\_\_\_

**Contract:** Please complete, sign and return form to: **CAPA, 2318 S. Fairview St., Santa Ana, CA 92704.** FAX: (714) 427-0324. EMAIL: [capa@capanet.org](mailto:capa@capanet.org). A signed copy will be returned to you indicating that we have received this Application and Contract.

For Office Use Only

By: \_\_\_\_\_

California Academy of PAs

TAX ID #94-2565283