



Vendor Registration Form

2020 RECERTIFICATION & TRADE SHOW VIRTUAL OPTION

Company: _____ Phone: _____

Contact Person: _____ Email: _____

Address: _____ City: _____ State and Zip: _____

Virtual vendors will receive the following:

- Spot on a dedicated vendor webpage to highlight your company. We can include a short demo video, logo, product images, or product descriptions. We can link any of these items to your preferred site.
- Listing in a vendor directory that will be posted on our website and sent to all members and any nonmembers that register for recertification. This will include contact information for each vendor (phone/email/website) and company/product descriptions.
- Promotional spot in an email sent to members and any nonmembers that register for recertification. This can include a short description of your company or special products with a logo or product photos.
- **Bonus Add On:** A 15 minute spot on a webinar for recertification for operators and technicians. The spot will be at the beginning or end of the speaker's presentation.

Email photos and content for the website and email to : office@arkansaspest.org

Registration Options

Virtual registration and APMA Membership dues \$275.00

Bonus Add On with live presentation \$200.00

Ad in 4 issues of APMA News (quarterly publication)

	Black/White	Color
Business Card Ad	\$175.00	\$275.00
1/4 page Ad	\$300.00	\$450.00
1/2 page Ad	\$525.00	\$750.00
Full page Ad	\$775.00	\$1025.00

Advertising \$ _____

Amount total from above (check above) \$ _____

Sponsorship Amount (from right) \$ _____

TOTAL \$ _____

Sponsor Opportunities

Sponsors will be recognized in the 3rd & 4th quarter newsletters, the online vendor directory, and during each recertification session.

Platinum Sponsor \$2000.00

Gold Sponsor \$1500.00

Silver Sponsor \$1000.00

Bronze Sponsor \$500.00

Payment Details

Mail Registration with Payment to:
P.O. Box 26243
Little Rock, AR 72221
Fax: 501-224-0988

CANCELLATIONS/REFUNDS Must be requested in writing within 10 business days of the event. Refunds will be subject to an administrative fee of \$50.

Check #: _____

MasterCard or Visa # _____ - _____ - _____

Exp Date: ____ / ____ CVV: _____

Name on Card: _____

Billing Address (if different from above) _____
