

Pennsylvania Association of Orthodontists 52nd Annual Meeting

Exhibitor Registration Form

Date: Friday and Saturday, June 29th & 30th, 2018

Location: SKYTOP LODGE

[One Skytop Lodge Road, Skytop, PA 18357 \(855\) 345-7759](#)

(Tell SkyTop that you are part of the PA. Orthodontists group)

COMPANY NAME:

PRODUCT:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

REPRESENTATIVE NAME: _____ PHONE: _____

EXHIBITOR FEE: GOLD \$2000 SILVER \$1,500 BRONZE \$1000

Includes exhibit table and 2 invitations to Friday P.A.O. Social Event at 6:00 p.m.

GOLD & SILVER include opportunity to address attendees

(GOLF OR ACTIVITY FEES ARE PAYABLE BY INDIVIDUAL)

_____ Enclosed is a check payable to PAO, PO Box 96, Green Lane, PA 18054-0096

_____ CREDIT CARD PAYMENT THROUGH PAYPAL:

GO TO: www.PayPal.com and send funds to:

PAOrthodontists@comcast.net

_____ Yes I will attend the P.A.O. Social Event on Friday June 29 at

6:00pm (2 included in fee)

_____ Yes, I am interested in playing golf on Friday afternoon.

_____ Yes, I am interested in playing golf on Saturday afternoon.

Please be sure email address is included above, so I can put golfers in touch with each other.

Hotel Reservations: [\(855\) 345-7759](tel:8553457759)

For more information VISIT: www.paorthodontists.org

Contact Dr. Tom Howley, P.A.O. Executive Director, 267-329-8314

PAOrthodontists@comcast.net

Thank you in advance for your continued support of the PAO!