

**Pennsylvania Association of Orthodontists 58th Annual Meeting Exhibitor
Registration Form**

Date: Friday, April 12, 2024

WYNDHAM PITTSBURGH UNIVERSITY
100 Lytton Avenue
Pittsburgh, PA 15213

COMPANY NAME:

PRODUCT:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

REPRESENTATIVE NAME: _____

PHONE: _____

EXHIBITOR FEE: \$700

Includes exhibit table and up to 2 representatives

_____ 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

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 support of the PAO!