



The 37th Annual APC Adoption Conference
November 19, 2017 8:00a.m. -5:00p.m.
St. Francis College
 180 Remsen Street, Brooklyn, NY 11201

EXHIBITOR REGISTRATION FORM (Please print or type)

*****Note- NO CHILDREN are allowed in the exhibit area*****

Name of Organization: _____

ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____ **PHONE:** (_____) _____

EMAIL: _____ **CONTACT PERSON:** _____

If you offer international adoption services please indicate the name of the country(s) in which you have programs, **also indicate specifically whether you are accredited (by the country and/or Hague).**

If you are a **domestic placement agency** or if you **offer adoption advertising services for adoptive parents**, please indicate whether you are authorized to provide services in **New York, New Jersey &/or Connecticut**. **CHECK ALL THAT APPLY**. When you send in this registration form, please provide a copy of your authorization from all states checked. **PLEASE NOTE:** your exhibit will have to include language indicating in which of these three states you are authorized to offer services.

___ **NEW YORK** ___ **NEW JERSEY** ___ **CONNECTICUT**

Two (2) representatives are included in your table fee. Additional four (4) staff may be registered at your table for \$40 per person.

Additional Staff (over those registered at Exhibitor Table) are welcomed to register to attend the conference at \$60 per person.

Number of Exhibit Table Representatives/STAFF Attending Conference _____

NAME/TITLE of Exhibit Table Representatives/Additional Staff: (if necessary, please use back of form)

Table Registration Fee (\$450 per table x _____ Tables) \$ _____

(Includes admission for two (2) people per table)

Additional Registrants @ \$40 per person (\$40 x _____) _____

(Up to 4 additional STAFF at table allowed)

Register Additional STAFF to attend Conference @ \$60 per person (\$60 x _____) _____

If you would like access to Electric, please add \$75 _____

If ALSO taking a FULL PAGE AD in the Conference Journal, deduct \$50 from cost of Exhibit Table _____

Total cost of Exhibit table + FULL page Journal Ad = only \$800.00 (due to \$100 discount off combined total price!)

(Payable to: APC) **TOTAL AMOUNT ENCLOSED:** \$ _____

All paid up Exhibitors will be listed on our website in the Conference section.

Please inquire about APC's Reciprocal links program!

This application is subject to the Approval of the Adoptive Parents Committee

APC reserves the right to deny exhibitor applications based on space constraints and/or negative information from State Licensing Specialist, Attorney General, Better Business Bureau, etc.

Space fills up fast so please register early. Please return completed form and check no later than **November 9, 2017** to:

Barbara Pitkowsky
 APC Exhibitor Chair
 254 Seaman Ave
 New York, NY 10034

Email: babsmomapc@aol.com