



**APNA 33rd Annual Conference**  
**October 2-5, 2019 | New Orleans, LA**  
**TOTE BAG INSERT APPLICATION**

**Tote Bag Insert Program**

As psychiatric nurses check-in to the APNA conference, your company’s sales and promotional literature can be awaiting them in their registration packets, alerting them to your products and services or encouraging them to visit your booth. Include your marketing or promotional information in the conference tote bag received by all of the APNA 33rd Annual Conference attendees.

Tote Bag Insert materials may be no larger than 8 ½” x 11”.

**A sample of the tote bag insert must be emailed to [LHoop@apna.org](mailto:LHoop@apna.org) for approval. If a sample is not received, the insert will not be included in the Tote Bag Insert Program. Purchasing company is responsible to print and ship the tote bag insert.** Cancellations received prior to August 23, 2019 will be eligible for a 50% refund. No refunds will be made for cancellations received after August 23, 2019.

Exhibiting Companies Fee:       \$1,000 for one page or \$1,300 for two pages  
 Non-exhibiting Companies:     \$1,500 for one page  
 Application Deadline:           September 13, 2019

**Tote Bag Insert Order & Payment**

Number of Tote Bag Inserts \_\_\_\_\_ Total Payment \$ \_\_\_\_\_

1. Please enclose payment in the form of a check or credit card, drawn on a U.S. bank, in U.S. funds, made payable to “APNA.” Tax ID No. 22-2814679.
2. Application, payment and tote bag insert sample must be received by **September 13, 2019**.

Organization \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment Method:** Check | Credit Card | Other (Circle one)      Payment Amount \$ \_\_\_\_\_  
 Card Number \_\_\_\_\_ Expiration Date (MM/YYYY) \_\_\_\_\_  
 Name on Card \_\_\_\_\_  
 Billing Address (If Different Than Above) \_\_\_\_\_

---

**Send completed application and payment to:**  
**Leslie Hoopengardner, 3141 Fairview Park Drive, Suite 625, Falls Church, VA 22042 or email to [LHoop@apna.org](mailto:LHoop@apna.org)**  
**Please do not ship to the address above. Shipping instructions will follow.**

---