

PENNSYLVANIA, MARYLAND, D.C., VIRGINIA AND DELAWARE CHAPTER

AMERICAN ACADEMY OF ORTHOTICS AND PROSTHETICS

March 8, 2021

Dear Exhibitor,

We will be holding Conference in Pittsburgh, PA Thursday September 16th to Saturday September 18th, 2021.

PLEASE NOTE: Set up of the exhibit hall will be Thursday afternoon, you need to set up before 6:00pm. The exhibitors cocktail party is **Thursday evening from 6:00pm – 8:00pm**. The hall will be open all day Friday and teardown will be after the last break on Friday afternoon. The hall will close at 5:00pm on Friday and will **NOT** be open Saturday. If you have questions about having items shipped to the hotel you will need to contact them at 724-222-6200.

The exhibitors will have the opportunity to talk about their products for 2 minutes from 5:00pm to 6:00pm Thursday afternoon.

There is a limit of 34 tables, available of a first come first serve basis. The exhibitor registration fee will be:

One table: \$600.00

The fee includes: One table (6')

Exhibitor badge(s)

Exhibitor cocktail party Thursday evening.

You will be responsible for your own hotel reservations. Meeting will be held at the Double Tree by Hilton Hotel Pittsburgh-Meadow Lands. To guarantee the group rate of \$109.00 per night, reservations must be made before 8-16-2021 by calling 724-222-6200 and ask for group code: **AAP**.

Please remember this is on a first come first serve basis with a limited number of tables. We would appreciate interested parties returning the information sheet and check (sorry we do not accept credit cards) by 7-15-21. If not received by due date the charge will be \$675.00 per table, if available.

Any questions please contact Joe Carter at Union Orthotics and Prosthetics

Phone: 814-455-5383

Fax: 814-454-8989 or

E-Mail: bcornelius@unionoandp.com.

Your Convention Chairman,

Joseph H. Carter Jr., M.S., C.P.O., F.A.A.O.P.

Pennsylvania, Maryland, Virginia and Delaware Chapter
American Academy of Orthotics and Prosthetics
Exhibitor Registration

Company Name: _____

Please use address that we can send meeting information to

Address: _____

Phone: _____ Fax: _____

E-Mail: **Please print clearly** _____

Name to appear on badge(s): _____

_____ We would like to reserve _____ table(s) at the cost of \$600.00 each.

_____ Thank you but we will be unable to attend. Please keep my name for future meetings.

Please make check payable to PA Academy and return along with this registration form (fully completed) to:

PA Academy
C/O Union Orthotics and Prosthetics
1910 West 26th Street, Erie PA 16508

Please return by 7-15-20. Upon receiving registration and check, we will send further meeting information (as soon as available).

Look forward to seeing you in Pittsburgh!

Hotel is located just off I-79, 30 minutes from the airport and downtown Pittsburgh near Washington, PA. It is also located next to Meadows Racetrack and Casino and the Tangier Outlet Mall.

Pennsylvania, Maryland, Virginia, & Delaware Chapter
American Academy of Orthotics and Prosthetics

Annual Membership Renewal Application

PLEASE PRINT ALL INFORMATION CLEARLY

Name: _____

Certification Types & Numbers: _____

Signature (please sign): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Employer: _____

E-Mail (PLEASE PRINT CLEARLY): _____

Amount Due: \$50.00

Due Date: 7-15-21

Mail Payments to: PA Chapter AAOP

C/O Union Orthotics and Prosthetics

1910 West 26th Street, Erie, PA 16508

By being a member, you will receive a discount on the meeting registration and information for the next PA Chapter Meeting to be held at : Double Tree by Hilton Hotel Pittsburgh-Meadow Lands.
** Please note the new meeting dates will be