



Non-Exhibiting Vendor Information

April 2-4, 2024

*Penn Stater Hotel & Conference Center
State College, Pa.*

PALA Industry Partner Member - \$700 per person
Non-Member - \$900 per person

A **Non-Exhibiting Vendor** (NEV) is a company that sells products and/or services to PALA members but is **not registered** as a Conference Exhibitor. NEV that register to attend will be reviewed and approved by PALA. The purpose of this policy is to protect the vendors exhibiting and maintain the integrity of the show.

Please note: All registration options for non-exhibiting vendors come with the good faith understanding that selling from the trade show aisles without having an exhibit and/or taking meeting space at or near the convention venue and using it for hospitality/demos/meetings/competing events is not allowed

What does my conference registration fee include?

- *Admission to all sessions*
- *Admission to the Expo*
- *Up to 14.5 CEU*
- *Conference materials (tote bag, mobile conference app access)*
- *Receptions (2)*
- *Breaks*
- *breakfasts (2)*
- *lunches (2)*

PALA 2024 Spring Conference

Non-Exhibiting Vendor Registration

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Penn Stater Hotel & Conference Center, State College, Pa.

PALA CANCELLATION POLICY: Cancellations must be in writing to Joan DeLuca (joan@pala.org) by March 5, 2024. A \$50 administrative fee will be assessed. No cancellations will be accepted after March 5, 2024.

CONFIRMATION/UPDATES: The email you provide below will be used for registration confirmation, receipt, and conference updates.

Registration Pricing Level:	PALA Industry Partner	Non-Member
Cost	<input type="checkbox"/> \$700	<input type="checkbox"/> \$900

Please Complete the Required Registration and Payment Information

Attendee Name for Name Tag: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Attend Preconference Session 1 **Attend Preconference Session 2** **Attend Networking & Nibbles**

Payment Options: Check Enclosed VISA MasterCard American Express Discover

Printed Name on Card: _____ Authorized Signature: _____

Billing Address: _____ Card Zip Code _____

Card #: _____ Expiration Date: _____ CVV: _____

Email/Scan registration to joan@pala.org, Fax: (717) 695-9735, or call (717) 695-9734.