PALTmed - Pennsylvania
2026 Annual Scientific Meeting
EXHIBITOR-SPONSOR REGISTRATION
November 6-7, 2026
Holiday Inn Harrisburg-Hershey
https://pennsylvania.paltmed.org/meetings

Date_____

Organization Name_____

Primary Exhibitor-Sponsor On-Site Contact _____

Preferred Email (required)_____

Phone cell _____office _____fax _____

Street Address_____

City/State/Zip_____

Co-Exhibitor-Sponsor Name _____

Preferred Email (required) _____**Cell**_____

Co-Exhibitor-Sponsor Name _____

Preferred Email (required) _____**Cell**_____

Co-Exhibitor-Sponsor Name _____

Preferred Email (required) _____**Cell**_____

Exhibit & Sponsorship Options *(select all the apply)*

☐ **Exhibitor: $ 1,500**
- Exhibit table in the vendor display area
- Organization name & logo on exhibit hall easel
- Organization logo in pre-meeting notices and reminders (electronic)
- 2 conference registrations

☐ **Gold: $ 2,500**
- PALTmed - Pennsylvania website ad x 6 months ($1,200 value)
- Exhibit table in the vendor display area
- Organization name & logo on exhibit hall easel
- Organization logo in pre-meeting notices and reminders (electronic)
- 2 conference registrations

☐ **Platinum: $ 3,500**

- PALTmed - Pennsylvania website ad x 12 months ($2,400 value)
- Exhibit table in the vendor display area
- Organization name & logo on exhibit hall easel
- Organization logo in pre-meeting notices and reminders (electronic)
- 4 conference registrations

Exhibitor Hours on Friday, November 6
(approximate – will confirm once agenda is finalized, no exhibit hours on Saturday)

- 6:00am-7:00am Set Up
- 7:00am-8:00am Breakfast
- 10:30am-11:00am Break
- 12:00pm-1:00pm Lunch
- 2:30pm-3:00pm Break
- 3:00pm-4:00pm Breakdown

By submitting this application for Exhibit, the Organization and or Exhibitor Representative, to the fullest extent legally permissible, Exhibitor agrees (i) it shall be fully responsible to pay for any and all damage to property owned by Hotel, its owning entity, managing entity or their affiliates that results from any act or omission of Exhibitor; (ii) to defend, indemnify and hold harmless hotel, the entity that owns the hotel, the entity that manages the hotel and their affiliates and each of their respective shareholders, member, directors, officers, managers, employees, and representatives, from any damages or charges resulting from Exhibitor's use of the property; and (iii) its liability shall include all losses, costs, damages, or expenses arising from, out of, or by reason of any accident or bodily injury or other occurrences to any person or persons, including the Exhibitor, its agents, employees, or business invitees.

PAYMENT:

☐ I will pay by check (amount enclosed: $_____

☐ Bill Me (to pay with credit card or ACH, will arrive as a link from Quickbooks Online)

Checks payable to: Post-Acute and Long-Term Care Medical Association (PALTmed) Fed Tax ID: 52-1950426
PALTmed, Attn: Exhibits/Sponsorships, 9861 Broken Land Parkway, Suite 100, Columbia, MD 21046

Questions? Contact Elizabeth Sobczyk (esobczyk@paltmed.org, 410-992-3151)