



**The 30<sup>th</sup> Annual APC Adoption Conference**  
**November 21, 2010 8:00a.m.-5:00p.m.**  
**St. Francis College**  
**180 Remsen Street, Brooklyn, NY 11201**

**EXHIBITOR REGISTRATION FORM** (Please print or type)

Name of ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

FAX : ( \_\_\_\_\_ ) \_\_\_\_\_ EMAIL: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

If you offer international adoption services please indicate the name of the country(s) in which you are doing business, **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 taking a **FULL PAGE AD** in the Conference Journal, **deduct \$50** from cost of Exhibit Table \_\_\_\_\_

(Payable to: APC – EXHIBITOR FEE) TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_

***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 15, 2010** to:

Suzanne Kryda  
 APC Exhibitor Chair  
 43 Fuller Ave  
 Floral Park, NY 11001

Email: [apconfexhibitor@gmail.com](mailto:apconfexhibitor@gmail.com)