

# MAKE IT HAPPEN MAKE IT MATTER



## COUNTRY STUDY DAY 2024

SATURDAY 14 SEPTEMBER 2024 – MCCRACKEN COUNTRY CLUB – VICTOR HARBOR

### **SAPNA 2024 Country Study Day McCracken County Club Victor Harbor 14<sup>th</sup> September 2024**

#### **SAPNA HEALTH TRADE PARTNER EXHIBITION**

On behalf of the South Australian Perioperative Nurses Association, we invite you to join us and exhibit at our 2024 Country Study Day. Your application to exhibit form is included.

Please note there will be limited powered tables- 10 available.

Table allocation is on a first come, first served basis so you are encouraged to complete the form, and return as soon as possible to the Conference Convenor:

SAPNA Conference  
PO Box 38, Highgate, SA 5063  
Email: [sapnaconference@sapna.org.au](mailto:sapnaconference@sapna.org.au)

**EXHIBITOR SET UP:** Friday 13<sup>th</sup> September – From 2.30 pm  
**EXHIBITION OPEN:** Saturday 14<sup>th</sup> Sept – Morning tea, Lunch & Afternoon Tea.

#### **EXHIBITOR BENEFITS:**

- Standard Trestle Table with white table cover
- Catering for one person
- Each table will be provided with a delegate list & handbook.

*Please contact the Conference Convenor for any additional information regarding exhibiting at the Country Study Day by email:*

[sapnaconference@sapna.org.au](mailto:sapnaconference@sapna.org.au)

or visit SAPNA's website:

[www.sapna.org.au](http://www.sapna.org.au)

# APPLICATION TO EXHIBIT – SAPNA 2024 Country Study Day

Please return this form to SAPNA Conference accompanying your payment option. [Or you can register online](#)  
Table allocations will be made strictly in order of receipt of application.  
An invoice or receipt will be emailed to the address nominated on this application form. All prices include GST.

Company:.....

Address: .....

Suburb: ..... State: ..... Postcode: .....

Telephone: .....

Contact Person: ..... Position: .....

E-mail: .....

Number of tables requested: .....

Dietary Requirements:.....

Total unpowered table / s: @ \$500.00 each \$..... total amount for .....Tables

Total powered table / s: @ \$550.00 each \$..... total amount for .....Tables **(limited numbers please check before booking)**

Additional Health Partner / s @ \$150.00 per person \$.....

**Total paid / owing:** \$.....

I / We will pay by: \_ Cheque or Money Order (Please make payable to SAPNA Conference)  
or Invoice or payment can be made online – [REGISTER ONLINE](#)

### Cancellation policy

Monies paid for Exhibition tables are not refundable on cancellation after 23<sup>rd</sup> August 2024. Any cancellation prior to that date will incur a 15% administration charge.

### Attendance

I / We understand that all attendees and exhibitor personnel must be registered to participate in any aspect of the SAPNA Country Study Day.

Signed: ..... Date: .....

(For and on behalf of the exhibitor listed above)

Email: [sapnaconference@sapna.org.au](mailto:sapnaconference@sapna.org.au)

For office use only:

Date received: \_\_\_\_\_ Date confirmation sent: \_\_\_\_\_

Date processed: \_\_\_\_\_ Follow up required? Yes  No

By: \_\_\_\_\_ By: \_\_\_\_\_