PENNSYLVANIA VECTOR CONTROL ASSOCIATION (PVCA) 52nd ANNUAL MEETING
October 19-21, 2026 Graduate Hotel, State College, PA

SUSTAINING MEMBER REGISTRATION AND SPONSORSHIP OPPORTUNITIES

Registration Fee Schedule:

-Sustaining Membership/Exhibitor Registration Fee: **$750**
(Registration includes one individual registration, one table and chair, company's annual membership, vendor presentation during meeting, sponsorship of Suppliers Social)
-Full Registration for Additional Representatives: **$145** per attending individual

Registration Total: $_____

Company Name: _____Company Contact Address: _____

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Representative/s: _____

Phone/Email: _____

***Graduate Hotel Phone Number for Overnight Room Reservations: (814) 231-2100; Please reference: "PA Vector Control Association Annual Meeting"; Room Rates are $139.00 plus applicable taxes.**

Scan this QR code for a link to book the specific room block or utilize the web address: bhttps://www.hilton.com/en/book/reservation/rooms/?ctyhocn=SCEGSGU&arrivalDate=2026-10-19&departureDate=2026-10-21&groupCode=90U

Sponsored Events- Those that sponsor events will have their company name prominently displayed during the sponsored event as well as displayed onscreen before and during each sponsored event.

Monday Afternoon Break	$100	$200	$300	OTHER	$_____
Tuesday Morning Breakfast	$100	$200	$300	OTHER	$_____
Tuesday Morning Break	$100	$200	$300	OTHER	$_____
Tuesday Afternoon Break	$100	$200	$300	OTHER	$_____
Wednesday Morning Breakfast	$100	$200	$300	OTHER	$_____
Wednesday Morning Break	$100	$200	$300	OTHER	$_____
Student Award (Graduate/Undergraduate)	$100	$200	$300	OTHER	$_____
Annual Auction (Supports Student Award)	$100	$200	$300	OTHER	$_____
Hotel Suite (Evening Networking)	$100	$200	$300	OTHER	$_____

Sponsorship Total: $_____

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Total Amount (Registration and Sponsorship): $_____

Make Check Payable to: **PVCA** Send to: **Andy Kyle, 2471 Mayfield St., York PA 17406** or
pay online with credit card through PVCA Website (pavectorcontrol.org) or provide credit card information below:
Card Number _____ Exp. Date _____CVV Code_____Billing Zip Code_____

***Please email a scanned copy of this form to: aklk1@comcast.net**