Confirmation Form

California Academy of Physician Associates
PAs By The Bay
Monterey 2026

Company: _____

Contact Name: _____

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Email: _____

Select Sponsorship Level:

- ☐ **Branded Lunch Presentation: $9,600**
- ☐ **Symposium Sponsor: $2,500**
- ☐ **Exhibit & Registration List: $875**
- ☐ **Exhibit Only: $675**
- ☐ ~~**Tote Sponsor: $925**~~ **(Sold out)**
- ☐ **Branded Presentation: $800**

Please make checks payable to the California Academy of Physician Associates. 11870 Santa Monica Blvd, Ste. 106580, Los Angeles, CA 90025.

If you would like to pay by credit card, please fill out the information below OR contact CAPA for a secure payment link.

Name: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

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Terms and Conditions: Full payment is due January 31, 2026. This contract is binding once signed. Applications not signed will NOT be processed. All cancellation requests must be submitted in writing. Any cancellation requests submitted after Feb. 7, 2026, will result in the forfeiture of the entire sponsorship fee.

Signature _____ Date _____

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CALIFORNIA ACADEMY OF PHYSICIAN ASSOCIATES