Ohio Association of Advanced Practice Nurses
Exhibitor and Sponsor Registration Form
19th Annual Statewide Meeting
October 29 - 31, 2009
Embassy Suites Hotel
5100 Upper Metro Place
Dublin, Ohio 43017

Exhibit Dates: Thursday, October 29, 2009 4pm – 7pm
Friday, October 30, 2009 7am – 3pm

Company Name: _____
Contact Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Submitted By: _____ Title: _____
Phone: _____ Fax: _____
Email: _____
Web address: _____

I. EXHIBIT BOOTH FEE $500 ($600 after 9/1/09) BOOTH DIAGRAM

Signature/Payment of fees implies reading and acceptance of the Exhibitor Agreement at Bottom of this page

BOOTHS WILL NOT BE RESERVED UNTIL BOTH ARE COMPLETED

1. List 6 choices of exhibit space (Many firms will apply for the same space we suggest you choose from several rooms – First received, First considered)

2. We request _____ # of booth spaces.

Booth number: _____ _____ _____ _____ _____ _____

(OAAPN/Hotel reserves the right to rearrange the floor plan or relocate booths)

3. All booths will be equipped with 8ft table and side drapes. The basic rate includes: general lighting, pre-registration for exhibit personnel, and post registration mailing list of all conference participants. (**Pre-registration mailing list and complimentary lunch provided to all exhibitors if applications received by September 1, 2009**)

4. List any exhibitor you wish to be near _____

5. List any exhibitor you *do not* wish to be near _____

EXHIBITOR AGREEMENT

Signature: _____ **Title:** _____

II. SPONSORSHIP OPPORTUNITIES

A. Are you interested in being a general sponsor (i.e. providing an unrestricted gift)?
YES _____ NO _____ AMOUNT _____

B. Indicate which of the following specific events or functions you are interested in sponsoring (specify partial or full)

_____ Refreshment Break (s)
_____ Printing of Conference Brochure
_____ Tote Bags
_____ Wine Cheese Poster Presentation (Thursday evening)
_____ Other

III. Advertisement in OAAPN Official Program and Exhibitor Directory

_____	Outside Back Cover (Full Page)	$1000
_____	Inside Front Cover (Full Page)	$750
_____	Inside Back Cover (Full Page)	$500
_____	Full Page (opposite conference room diagram)	$400
_____	Full Page (opposite Thursday Night Poster Listing)	$325
_____	Full Page (opposite Evaluation form tear out pages)	$325
_____	Full Page	$250
_____	Half Page	$150
_____	Quarter Page	$100

**** All advertisement materials must be submitted in camera ready form and within space restrictions indicated above!**

Contact Person: Becky Bryant, Sponsorship/Exhibitor Coordinator
Phone: 937-725-5006 Email: exhibits-sponsors@oaapn.org

NOTE: Exhibitor/Sponsor registration forms received after September 30, 2009 will not be listed in the Directory.

Please make checks payable to OAAPN and return with this form to:

OAAPN **Federal Tax ID#** - 341663992
5818 Wilmington Pike #300
Dayton, Ohio 45459
Phone: Toll Free (866)-668-3839 **Fax**: (866)-529-6822 **E-mail**: info@oaapn.org

Payment : Amount _____

Please circle: Check Master Card Visa Amex Discover

Card# _____ Exp date _____

Signature: _____

For Office Use Only:

_____	_____	_____	_____	_____
Postmarked	Received	Check/CC Date	Ck #/Trans ID	Amount

_____	_____	_____
Space Assignment #	Space Assignment #	Comments