

Ohio Association of Advanced Practice Nurses  
 20<sup>th</sup> Annual Educational Conference and Statewide Meeting  
**Exhibitor/Sponsor Agreement and Registration Form**  
 November 4 – 5, 2010  
 Embassy Suites Hotel  
 5100 Upper Metro Place  
 Dublin, Ohio 43017

<b>Exhibit Dates:</b>	Thursday, November 4, 2010	4pm – 7pm
	Friday, November 5, 2010	7:30am – 2:30pm
<b>Set Up:</b>	Thursday, November 4, 2010	2pm-4pm
	Friday, November 5, 2010	6am-7am

**Professional Attendees:** The Ohio Association of Advanced Practice Nurse is comprised of over 1900 active members statewide (Certified Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives, and Certified Registered Nurse Anesthetists). OAAPN represents over 8000 Advanced Practice Nurses in the State of Ohio. Our attendance is approximately 450 attendees.

**Exhibitor/Sponsor Benefits** (applies to signed registration form and payments received by September 1, 2010.)

- Exhibitor booth location published in the Program and Exhibitor Directory
- Exhibitor listing on the website post conference
- Sponsorship and advertising opportunities
- Exhibit time hours
- Pre and Post registration mailing list of attendees
- Entered on Exhibitor listing for use in raffle drawing

Payment of fees and submission of registration form implies:

1. Authorization to reserve space for use in the exhibit area at the Statewide Meeting of the Ohio Association of Advanced Practice Nurses. This application is made with the understanding that the applicant agrees to abide by all the rules, requirements, restrictions and OAAPN, the hotel or the city may especially designate regulations as set forth in this agreement. Failure to abide by such rules and regulations results in forfeiture of all monies paid or due OAAPN under terms of this agreement.
2. The exhibit space will be confined to pre-designated areas as outlined in Booth diagrams. The fee in no way influences any aspect of this conference to include speaker content, CE credits, or promotions of exhibitor's products.
3. Acknowledgment that you agree to hold OAAPN, its officers, directors, employees, and agents harmless from any liability, damages, or costs (including reasonable attorney's fees) that may rise as a result of omissions of officers, directors, employees, agents exhibiting at this CE conference.

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Organization/Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submission of registration form and payment implies reading and acceptance of all information contained in this Agreement.**

**I. EXHIBIT BOOTH FEE: \$600 (\$750 after Sept 1, 2010)**  
**BOOTHS WILL NOT BE RESERVED UNTIL REGISTRATION FORM AND PAYMENT ARE RECEIVED.**

1. List 6 choices of exhibit space (Refer to separate BOOTH DIAGRAM document.) Many organizations apply for the same space. We suggest you choose from several rooms. Assignment is based on receipt date of registration form and payment.

2. We request \_\_\_\_\_ booth spaces (\$600 per booth space – or \$750 after 9/1/10).

Booth number: \_\_\_\_\_  
(OAAPN reserves the right to rearrange the floor plan or relocate booths as needed.)

**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 provided to exhibitors/ sponsors for registration forms and payment received by September 1, 2010)**

4. List any exhibitor you wish to be near \_\_\_\_\_

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

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**II. ADDITIONAL SPONSORSHIP OPPORTUNITIES**

**\*\* Exclusive Exhibit space provided during this time.**

A. Indicate which of the following sponsorship opportunities you are interested.

- \_\_\_\_\_ **\*\* Wine and Cheese Poster Reception – Thursday evening, November 4, 2010**
- \_\_\_\_\_ **\*\* Refreshment Break (s)**
- \_\_\_\_\_ **Printing of Conference Program (Premier advertising position will be granted.)**
- \_\_\_\_\_ **Tote Bags (Shared advertising opportunity with OAAPN.)**
- \_\_\_\_\_ **Other: (e.g. promotional giveaways at registration) \_\_\_\_\_**

B. Are you interested in being a general sponsor (i.e. providing an unrestricted gift)?

YES \_\_\_\_\_ NO \_\_\_\_\_ AMOUNT \_\_\_\_\_

**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

**\* Black and white advertisements should be submitted with registration form to [exhibits-sponsors@oaapn.org](mailto:exhibits-sponsors@oaapn.org) in camera ready form and within space restrictions indicated above (based on 8 1/2" x 11" page).**

**Please make checks payable to OAAPN and return with this form to:**  
 OAAPN 5818 Wilmington Pike #300 Dayton, Ohio 45459 **Federal Tax ID# - 341663992**

**Amount** \_\_\_\_\_ **Circle:** Check    Master Card    Visa    Amex    Discover

Card# \_\_\_\_\_ Exp date \_\_\_\_\_

Signature: \_\_\_\_\_

**Contact:** Marcia Albers, OAAPN Executive Director  
**E-mail:** [exhibits-sponsors@oaapn.org](mailto:exhibits-sponsors@oaapn.org) / **Phone:** Toll Free 866.668.3839 / **Fax:** 866.529.6822

**For Office Use Only:**

Agreement Recd    Payment Recd    Ck #/Trans ID    Amount    Space Assignment #    Space Assignment #

Additional Comments