



Ohio Association of Advanced Practice Nurses

5818 Wilmington Pike #300 • Dayton, Ohio 45459

www.oaapn.org

OAAPN (Ohio Association of Advanced Practice Nurses) is requesting \$300 fee for a Display table at our 2010 The Pride, The Passion, The Possibilities of Advanced Practice Nursing Conference and Meeting.

Display Date & Time: Friday, April 16, 2010 7am-3pm

Location: St. Elizabeth's Hospital
1044 Belmont Ave
Youngstown, Ohio 44504

Title of conference: The Pride, The Passion, The Possibilities of Advanced Practice Nursing Educational Conference and Meeting

Topic: Primary care related topics

Structure: OAAPN Educational Conference and Meeting provides Ohio's APNs with continuing education credits. The conference speakers will provide our members with current data on pharmacology, technology, medical research, legal issues, and other topics.

Estimated attendance: 50-200

Tax I.D. # : 34-1663992

Amount: \$300 before March 1, 2010 (**\$400 after March 1, 2010**)

Payable to: OAAPN

Please sign agreement and return with payment to:

OAAPN Exhibits & Sponsors

Mail check: 5818 Wilmington Pike #300 Dayton Ohio 45459

Fax with credit card information: 866-529-6822

Phone: 866-668-3839 • E-mail: ExecDirector@oaapn.org

- *The display table fee provides the vendor with one display table. In no way does this fee influence the content of the conference. This is not an Educational grant request.*
- *Other questions contact Cheri Adams at cheri.adamscrn@gmail.com*

Thank you for supporting the educational needs of Ohio's Advanced Practice Nurses.

Ohio Association of Advanced Practice Nurses
Exhibitor and Sponsor Registration Form
The Pride, The Passion, The Possibilities of Advanced Practice Nursing
April 16, 2010
St. Elizabeth Hospital
1044 Belmont Ave
Youngstown, Ohio 44504

Exhibit Date: Friday, April 16, 2010

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

I. EXHIBIT BOOTH FEE \$300 (\$400 AFTER MARCH 1, 2010)

Signature/Payment of fees implies reading and acceptance of the Exhibitor Agreement at the bottom of this page. SEE BOOTH DIAGRAM SEPARATE ATTACHMENT

BOOTHS WILL NOT BE RESERVED UNTIL BOTH ARE COMPLETED

1. All booths will be equipped with 8 ft 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 March 1, 2010).**
2. We request _____ # of booth spaces.
3. List any exhibitor you wish to be near _____
4. List any exhibitor you *do not* wish to be near _____

EXHIBITOR AGREEMENT

SIGNATURE: _____ **TITLE:** _____
DATE: _____

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
_____ Lunch

CONTACT PERSON: Marcia Albers, Executive Director, Sponsorship/Exhibitor Coordinator.

Phone: Toll Free (800) 668-3839

Email: exhibits-sponsors@oaapn.org

PLEASE NOTE: EXHIBITORS/SPONSOR REGISTRATION FORMS RECEIVED AFTER MARCH 1, 2010 WILL NOT BE LISTED IN THE DIRECTORY.

Please make checks payable to OAAPN and return with this form to
OAAPN
5818 Wilmington Pike #300
Dayton, Ohio 45459

FEDERAL TAX ID #341663992

Phone: 866-668-3839

Fax: 866-529-6822

Email: info@oaapn.org

PAYMENT: AMOUNT _____

Please circle: Check MasterCard 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: