



**Spring Advanced Practice Neonatal Nurses Conference**  
**Hyatt Regency Indian Wells - Greater Palm Springs, CA**  
**May 29 - June 1, 2019**

**2019 APPLICATION FOR EXHIBIT SPACE**

National Advanced Practice Neonatal Nurses Conference (NNNC-APNC)  
 c/o Anthony J. Jannetti, Inc. Telephone: (856) 256-2432  
 East Holly Avenue, Box 56 Fax: 856-589-7463  
 Pitman, NJ 08071-0056 E-mail: apnc\_exhibits@ajj.com

**Booth Fees:**  
**10' X 10' Space**  
**Inline.....\$1,350.00**  
**Corner....\$1,490.00**

**NNNC-APNC Use Only**  
 Booth Assigned \_\_\_\_\_  
 Received \_\_\_\_\_  
 Price \_\_\_\_\_

We hereby apply, subject to the terms of your printed prospectus and rules and regulations of this meeting for space in the exhibit area, as follows:

<p><b>A. Conference Syllabus Book Information</b> (Please complete the following information as it should appear in the Conference Syllabus Book.):</p> <hr/> <p>Company Name _____</p> <hr/> <p>Address _____</p> <hr/> <p>City _____ State _____ Zip _____</p> <hr/> <p>Main Phone Number _____ Main Fax Number _____</p> <hr/> <p>Customer Service E-mail _____</p> <hr/> <p>Web site _____</p>	<p><b>B. Mailing Information</b> (Please complete personal E-mail, contact name, phone, and fax. Remaining information needs to be completed if different than Section A.):</p> <hr/> <p>Contact Name _____</p> <hr/> <p>Company Name _____</p> <hr/> <p>Mailing Address _____</p> <hr/> <p>City _____ State _____ Zip _____</p> <hr/> <p>Phone _____ Fax _____</p> <hr/> <p>Contact E-mail (Mandatory for receipt of exhibit confirmation materials &amp; updates) _____</p>
--	---

**C. Product Description:** Please provide an optional 25-word description of your exhibit display and products that will be included in the NNNC-APNC Conference Syllabus. Copy exceeding this limit will be edited. Write-ups must be submitted no later than April 3, 2019 to be included within the NNNC-APNC Conference Syllabus. Please e-mail your write-up to: [apnc\\_writeup@ajj.com](mailto:apnc_writeup@ajj.com)

**D. Choice of Booth(s):** (Give at least six choices)

1st Choice \_\_\_\_\_ 3rd Choice \_\_\_\_\_ 5th Choice \_\_\_\_\_  
 2nd Choice \_\_\_\_\_ 4th Choice \_\_\_\_\_ 6th Choice \_\_\_\_\_

Number of Booths Requested: \_\_\_\_\_ Size of Island Space Requested: \_\_\_\_\_

If possible, **do not** assign us space near: \_\_\_\_\_

Booths are 10'x10'. We agree that we may not receive one of our preferred choices. However, NNNC-APNC will try to make assignment in the requested area. Assignment of space made by the Advanced Practice Neonatal Nurses Conference will be considered accepted unless rejected within seven days from the date of receipt of notification of space assignment. Once initial booth assignments are made, booths will be assigned on a first come, first served basis. Payment in full is due upon receipt of confirmation. All provisions of the official rules and regulations as published in the official prospectus shall be a part of this contract. Exhibit fee covers only space costs. Arrangement for furnishings, labor, shipping, and hotel must be made individually. All reassignments requested by an exhibitor, which can be accommodated, are subject to an additional \$250 administrative fee.

**E. Payment Information / Optional Enhancements to Exhibit Space:** Number of booths or island size requested: \_\_\_\_\_ at a cost of \$ \_\_\_\_\_

50% minimum deposit for application submitted prior to January 18, 2019 ..... \$ \_\_\_\_\_  
 100% of booth fee with applications submitted after January 18, 2019 ..... \$ \_\_\_\_\_

\_\_\_\_\_ Advertising space in the NNNC-APNC Conference Syllabus (see details within exhibit prospectus) ..... \$ \_\_\_\_\_  
 \_\_\_\_\_ \$500 for one page ad; \_\_\_\_\_ \$400 for one-half page ad \_\_\_\_\_ (H) or \_\_\_\_\_ (V); Four-Color (Additional \$600) \$ \_\_\_\_\_  
 \_\_\_\_\_ Sponsorship Option (see details within exhibit prospectus) ..... \$ \_\_\_\_\_

**TOTAL PAYMENT ENCLOSED** ..... \$ \_\_\_\_\_

**F. Pay by Credit Card: Full payment due by January 18, 2019**  
 (NNNC-APNC Tax ID No. 94-2755330)

Visa     MasterCard

Name on Credit Card \_\_\_\_\_  
 Credit Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Charge Amount \_\_\_\_\_  
 Security Code (see back of card) \_\_\_\_\_  
 Card Holder Signature \_\_\_\_\_

**G. Payment by Check** (NNNC-APNC Tax ID No. 94-2755330)  
**Please Note: The remaining balance is due by January 18, 2019**

Mail check payable in **U.S. Funds** by **U.S. Postal Mail** to:

NNNC-APNC  
 c/o Anthony J. Jannetti, Inc.  
 East Holly Avenue, Box 56  
 Pitman, NJ 08071-0056  
 Attn: Lauren McKeown

Physical Address for courier delivery (**UPS or Overnight Service**):  
 NNNC-APNC  
 c/o Anthony J. Jannetti, Inc.  
 200 East Holly Avenue  
 Sewell, NJ 08080  
 Attn: Lauren McKeown