



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

Exhibitor Name Badge Pre-Registration Instructions & Additional Badge Order Form

Exhibitor Name Badges:

As part of your exhibit fee, you are entitled to three (3) complimentary exhibitor badges per booth (10'x10'). Additional company representatives may preregister for exhibitor name badges at \$75 each prepaid. Advance exhibitor registration information must be received by April 5th, 2019 in order to be pre-registered, after this date you will need to register onsite. All additional badges must be prepaid.

Please use these instructions for pre-registration by April 5, 2019 of APNC Exhibitor Name Badges and avoid onsite delays for your booth representative(s):

- 1). Log-in to edit your APNC Online Booth Record (url: https://www.map-dynamics.com/sapnnc2019)
2). Click-on the "In The Booth" Tab located in the online booth record
3). Click green button named "+ Add New Record"
4). Enter First & Last Name as it's to appear on their Name Badge
5). Click "Save Record"
6). Repeat process until Booth Rep. badges(s) are pre-registered
7). If additional badges beyond your booth allotment are needed, follow instructions on APNC's Additional Name Badge Order Form posted under the "Documents & Links" Icon in the Drop-down Menu.

Additional Exhibitor Name Badges:

Exhibiting Company Name: \_\_\_\_\_ Booth Number: \_\_\_\_\_

If more than (5) additional badges are being ordered, copy this order form, complete and submit together with first page of the completed order form. All additional exhibitor name badges must be prepaid to APNC @ \$75.00 each.

Three Names for Booth Representative's Badges: Booth Representative's Email Addresses\*:
1). \_\_\_\_\_ 1). \_\_\_\_\_
2). \_\_\_\_\_ 2). \_\_\_\_\_
3). \_\_\_\_\_ 3). \_\_\_\_\_
4). \_\_\_\_\_ 4). \_\_\_\_\_
5). \_\_\_\_\_ 5). \_\_\_\_\_

\* APNC administration uses email addresses to provide pre-conference and post-conference communications if deemed necessary.

Payment Method: APNC Tax ID # 94-2755330

Check Payment: [ ] Check enclosed made payable to APNC

Mail checks and send completed order form to:

U.S. Postal Mail: APNC c/o Anthony J. Jannetti, Inc. East Holly Avenue, Box 56 Pitman, NJ 08071
UPS or FedEx: APNC c/o Anthony J. Jannetti, Inc. 200 East Holly Avenue Sewell, NJ 08080

Credit Card Payment: [ ] MasterCard [ ] Visa

Credit Card #: \_\_\_\_\_ Amount to charge: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Print Card Holder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Please return the completed form by scanned copy Fax to 856-589-7463 or scanned copy email to lauren.mckeown@ajj.com.

Please Note: Full prepayment is due with order placement.