



Insight. Inspiration. Ingenuity.

NSNA Use Only

Booth# _____

**NSNA 67th Annual Convention
April 3-7, 2019 • Salt Palace Convention Center • Salt Lake City, UT**

Exhibition & Program Book Ad Space Application

Please complete all details and return to by mail, scan copy: nsna_exhibits@ajj.com, or fax: 856-589-7463

PROGRAM BOOK INFORMATION: *Complete as it should appear in the Program Book.*

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Main Phone Number: ____ / ____ / _____ **Main Fax Number:** ____ / ____ / _____

Customer Service Email: _____

Website: _____

EXHIBITOR/ADVERTISER CONTACT INFORMATION: *This person will be responsible for all correspondence.*

***Contact Name:** _____ **Title:** _____

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Phone: ____ / ____ / _____ **Fax:** ____ / ____ / _____

***Contact Email:** *(required to process registration)* _____

***Required Fields; Electronic Exhibit Confirmation Materials & Updates sent by email only!**

EXHIBITION BOOTH SPACE

Booth Fee: *NSNA discount already included in check	Check*	Credit
Commercial entity and Proprietary (for-profit) schools of nursing	<input type="checkbox"/> \$3,065	<input type="checkbox"/> \$3,155
For-profit hospital system: 1-9 hospitals	<input type="checkbox"/> \$3,065	<input type="checkbox"/> \$3,155
For-profit hospital system: 10-50 hospitals	<input type="checkbox"/> \$3,500	<input type="checkbox"/> \$3,605
For-profit hospital system: 51+ hospitals	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$4,120
Non-profit entity and Non-profit hospital system: 1-9 hospitals	<input type="checkbox"/> \$2,550	<input type="checkbox"/> \$2,625
Non-profit hospital system: 10-50 hospitals	<input type="checkbox"/> \$2,700	<input type="checkbox"/> \$2,780
Non-profit hospital system: 51+ hospitals	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$3,090
Professional Nursing Association	<input type="checkbox"/> \$1,800	<input type="checkbox"/> \$1,855
Public schools of nursing and Non-profit schools of nursing	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$2,060
Island Space	<input type="checkbox"/> \$29 / sq. ft	<input type="checkbox"/> \$29.75 / sq. ft

Choice of 10x10 Booth(s): *Provide 6 choices:* 1st Choice _____ 2nd Choice _____ 3rd Choice _____ 4th Choice _____

5th Choice _____ 6th Choice _____ Number of booths requested: _____ Size of Island Space: _____

If possible, **do not** assign us space near: _____

We agree we may not receive one of our preferred choices. NSNA will try to make assignment in area requested. Assignment of space made by NSNA will be considered accepted unless rejected within seven days from the date of receipt of space assignment notification. Once initial booth assignments are made, booths are assigned on a first come, first served basis. Full payment is due upon receipt of confirmation. All provisions of the official rules and regulations published in the official prospectus are part of this contract. NSNA may at its discretion accept or reject any application for space. The exhibit fee covers only space costs. Arrangement for furnishings, labor, shipping, and hotel must be made individually. Only non-profit schools of nursing receive one six-foot draped table, two chairs, and waste basket with each 10'x10' booth. An administrative fee of \$200.00 will be charged for any exhibitor requested space reassignments, if accommodated.

COMPANY DESCRIPTION

The information provided above under 'Program Book Information' will be used to list your organization in the NSNA 67th Annual Convention Program Book Exhibitor Listing. Only the company name, city, state and booth number appear in the Exhibitor Listing within the program book. No company or product descriptions will be included. To assure inclusion within the NSNA 67th Annual Convention Program Book Exhibitor Listing the completed exhibit application must be received by NSNA no later than February 15, 2019.

PROGRAM BOOK AD SPACE OPPORTUNITIES

Ad Space Closing Date: February 8, 2019 **Ad Materials Deadline no later than:** February 15, 2019

Send High Resolution PDF Ad File to: nsna_exhibits@ajj.com. **Ads are to be pre-paid.**

Mechanical Requirements	Width	Depth	Important Ad Bleed Note: Ads with bleed must extend 1/8" (.125") past trim size Reproduction Requirements: High Resolution PDF Electronic Ad Files (minimum 300 dpi). Please ensure that all fonts and images are embedded into the PDF file and that all security permissions are removed prior to sending to: nsna_exhibits@ajj.com Please Note: On full page ads keep any text 1/2" from the edge. If possible, please send a final proof or color copy of your ad when submitting. Advertising requiring type-setting or halftone conversions will be invoiced per rate schedule.		
½ Page Horizontal	6 13/16"	4 3/4"			
½ Page Vertical	3 3/8"	9 5/8"			
Full Page (No Bleed)	7"	10"			
Trim Size	7 7/8"	10 1/2"			
Bleed Size	8 1/8"	10 3/4"			
Ad Fee Rates		Exhibitor Ad Rates		Non-Exhibitor Ad Rates	
Page & Color Options:	Check*	Credit	Check*	Credit	
1 Page	<input type="checkbox"/> \$895	<input type="checkbox"/> \$920	<input type="checkbox"/> \$1,155	<input type="checkbox"/> \$1,190	
½ Page	<input type="checkbox"/> \$735	<input type="checkbox"/> \$760	<input type="checkbox"/> \$950	<input type="checkbox"/> \$975	
4 Color **	<input type="checkbox"/> \$1,215	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,520	<input type="checkbox"/> \$1,565	
TOTAL AMOUNT					
<i>Note: Page rates shown are black and white; No Agency Commissions Allowed.</i>		<i>* NSNA discount for payment by check is already included in ad rates shown</i>		<i>** 4-color charges are additional to page rate</i>	

PAYMENT INFORMATION

Grand Total Payment Due: (Exhibit & Ad payments) \$ _____

NSNA Tax ID # 13-6081991

Full payment due by February 15, 2019

Pay by Credit Card: Visa MasterCard **NO AMEX ACCEPTED**

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ **Security Code:** _____ **Charge Amount:** \$ _____

Card Holder Signature: _____

Pay by Check: Mail check payable in U.S. Funds to:

NSNA 67th Annual Convention
 c/o Anthony J. Jannetti, Inc.
 Attention: Lauren McKeown
Postal - Box 56, Pitman, NJ 08071-0056
Overnight Service - 200 East Holly Avenue, Sewell, NJ 08080

Please direct any questions to nsna_exhibits@ajj.com

Conference and National Marketing Representative

NSNA Exhibit Managers: Rick Gabler and Tom Greene

Anthony J. Jannetti, Inc. • East Holly Avenue Box 56 • Pitman, New Jersey 08071-0056
 Phone 856-256-2300 • Fax 856-589-7463 • Website: www.ajj.com