



Insight. Inspiration. Ingenuity.

NSNA Use Only

Booth# \_\_\_\_\_

**NSNA 37<sup>th</sup> MidYear Conference**  
**October 31 - November 3, 2019 • Hyatt Regency O'Hare • Rosemont, IL**

**Exhibition & Program Book Ad Space Application**

Please complete all details and return by mail, or 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**

<b>Booth Fee: *NSNA discount already included in check</b>	<b>Check*</b>	<b>Credit</b>
Commercial entity and Proprietary (for-profit) schools of nursing	<input type="checkbox"/> \$2,190	<input type="checkbox"/> \$2,255
For-profit hospital system: 1-9 hospitals	<input type="checkbox"/> \$2,190	<input type="checkbox"/> \$2,255
For-profit hospital system: 10-50 hospitals	<input type="checkbox"/> \$2,300	<input type="checkbox"/> \$2,370
For-profit hospital system: 51+ hospitals	<input type="checkbox"/> \$2,420	<input type="checkbox"/> \$2,490
Non-profit entity and Non-profit hospital system: 1-9 hospitals	<input type="checkbox"/> \$1,955	<input type="checkbox"/> \$2,015
Non-profit hospital system: 10-50 hospitals	<input type="checkbox"/> \$2,055	<input type="checkbox"/> \$2,115
Non-profit hospital system: 51+ hospitals	<input type="checkbox"/> \$2,155	<input type="checkbox"/> \$2,220
Professional Nursing Association	<input type="checkbox"/> \$1,955	<input type="checkbox"/> \$2,015
Public schools of nursing and Non-profit schools of nursing	<input type="checkbox"/> \$1,210	<input type="checkbox"/> \$1,245

**Choice of 10x10 Booth(s):** *Provide 6 choices:* 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_ 4<sup>th</sup> Choice \_\_\_\_\_

5<sup>th</sup> Choice \_\_\_\_\_ 6<sup>th</sup> Choice \_\_\_\_\_ Number of booths requested: \_\_\_\_\_

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 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 37th MidYear Conference 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 37th MidYear Conference Program Book Exhibitor Listing, the completed exhibit application must be received by NSNA no later than September 6, 2019.

## PROGRAM BOOK AD SPACE OPPORTUNITIES

**Ad Space Closing Date:** September 20, 2019      **Ad Materials Deadline no later than:** September 27, 2019

Send High Resolution PDF Ad File to: nsna\_exhibits@ajj.com. **Ads must be prepaid.**

Mechanical Requirements	Width	Depth	<b>Important Ad Bleed Note:</b> Ads with bleed must extend 1/8" (.125") past trim size <b>Reproduction Requirements:</b> 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 <b>Please Note:</b> 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 – Black & White	<input type="checkbox"/> \$800	<input type="checkbox"/> \$825	<input type="checkbox"/> \$900	<input type="checkbox"/> \$925	
½ Page – Black & White	<input type="checkbox"/> \$675	<input type="checkbox"/> \$695	<input type="checkbox"/> \$800	<input type="checkbox"/> \$825	
1 Page – Four Color	<input type="checkbox"/> \$1,800	<input type="checkbox"/> \$1,855	<input type="checkbox"/> \$1,900	<input type="checkbox"/> \$1,955	
½ Page – Four Color	<input type="checkbox"/> \$1,675	<input type="checkbox"/> \$1,725	<input type="checkbox"/> \$1,800	<input type="checkbox"/> \$1,855	
<b>TOTAL AMOUNT</b>					
<i>Note: No Agency Commissions Allowed</i>		<i>* NSNA discount for payment by check is already included in ad rates shown</i>			

## PAYMENT INFORMATION

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

NSNA Tax ID # 13-6081991

**Full payment due by July 26, 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 37th MidYear Conference

c/o Anthony J. Jannetti, Inc.

Attention: Lauren McKeown

**Postal** – East Holly Avenue 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 Representatives**

**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