



**19<sup>th</sup> National Neonatal Nurses Conference**  
**22<sup>nd</sup> National Mother Baby Nurses Conference**  
**2019 Fall National Advanced Practice Neonatal Nurses Conference**  
**Caribe Royal All Suite Hotel • Orlando, FL**  
**September 11-14, 2019**

**NNNC Use Only**  
 Booth Assigned \_\_\_\_\_

**2019 EXHIBIT APPLICATION**

Booth Fees			
In-line Booth: \$2,000	Corner Booth: \$2,200	Island Space: \$23.00 / ft <sup>2</sup>	Non-profit Booth: \$1,500

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

<p><b>A. Program Book Information</b> (Please complete the following information as it should appear in the Program 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>Website _____</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 (<i>Mandatory for receipt of exhibit confirmation materials &amp; updates</i>) _____</p>
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**C. Product Description:** Please provide an optional 25-word description of your exhibit display and products that will be included in the NNNC Conference Syllabus. Copy exceeding this limit will be edited. **Write-ups must be submitted electronically no later than July 19, 2019** for inclusion within the NNNC Conference Syllabus.

**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:

We agree that we may not receive one of our preferred choices. However, NNNC will try to make assignment in the requested area. Assignment of space made by the National 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. All reassignments requested by an exhibitor, which can be accommodated, are subject to an additional \$200 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 May 1, 2019..... \$ \_\_\_\_\_  
 100% of booth fee with applications submitted after May 1, 2019..... \$ \_\_\_\_\_  
 \_\_\_\_\_ Advertising space in the NNNC Conference Syllabus (see details within exhibit prospectus) ..... \$ \_\_\_\_\_  
 \_\_\_\_\_ \$775 for one page ad; \_\_\_\_\_ \$575 for one-half page ad \_\_\_\_\_ (H) or \_\_\_\_\_ (V); Two-Color (Additional \$500); Four-Color (Additional \$725) \$ \_\_\_\_\_  
 \_\_\_\_\_ Sponsorship Option (see details within exhibit prospectus) ..... \$ \_\_\_\_\_

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

**F. Pay by Credit Card: Full payment due by May 1, 2019**  
 (NNNC 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 Tax ID No. 94-2755330)  
**Please Note: The remaining balance is due by May 1, 2019**

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

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

Physical Address for courier delivery (**UPS or Overnight Service**):

NNNC  
 c/o Anthony J. Jannetti, Inc.  
 200 East Holly Avenue  
 Sewell, NJ 08080

**Conference and Exhibit Management Representatives:**

Anthony J. Jannetti, Inc ♦ East Holly Ave, Box 56 ♦ Pitman, NJ 08071-0056 ♦ Phone: 856-256-2300 / Fax: 856-589-7463