



**National Advanced Practice Neonatal Nurses Conference**  
**Hilton Hawaiian Village, Honolulu, HI**  
**April 15<sup>th</sup> – 18<sup>th</sup>, 2020**  
**Pre & Post-Conference Attendee List Order Form**

As an exclusive service for exhibitors at this year's Convention in Honolulu, APNC is offering an opportunity to order the conference List of Attendees comprised of those that "opted-in" **to include their email addresses.**

APNC LIST ORDER REQUIREMENTS & TERMS:	APNC LIST ORDER:
<ul style="list-style-type: none"> <li>• A completed Attendee List Order Form</li> <li>• Full Prepayment</li> <li>• A sample copy of the mail piece, or email piece, that will be used with the list file</li> </ul> <p align="center"><b>\$450 Check or Credit Card Payment</b></p>	<p>List includes name, mailing address, email address. Graduation date, type of program and name of program.</p> <p>All complete Attendee List Order Files require review of APNC's Executive Director before ANN Headquarters can email the list.</p> <p align="right"> <i>Questions? Phone (856) 256-2432  Danielle Vellucci, ANN Marketing Coordinator</i> </p>
<p><b>Send your completed order form, sample piece and credit card information by scan copy email attachment to:</b>  <b>danielle.vellucci@ajj.com, or, send to fax # 856-589-7463</b></p>	

[ ] Please send the "opt-in" list of attendees for the National Advanced Practice Neonatal Nurses Conference as indicated below:

List is provided via e-mail as an EXCEL delimited file.

E-mail list to: \_\_\_\_\_

**Payment and Handling Agreement:** We understand that the list is for one-time use only (one time for postal and one time for email). **All orders must be prepaid.** Exhibitor agrees to use the electronic version of the list one-time only per the sample piece submitted. Exhibitor agrees not to merge the list of attendees into any database and destroy after use. List is monitored.

<b>Method of Payment:</b> [ ] Check Enclosed        [ ] Credit Card ( <b>circle one</b> ) <b>Visa</b> <b>Master Card</b> (Note: NSNA does <b>not</b> accept AMEX)
Rate: \$450.00
Name on Credit Card: _____ Credit Card Number: _____
Complete Billing Address: _____ City _____ State _____ Zip Code _____
Charge Amount: <u>\$450.00</u> Expiration Date: _____ Security Code: _____
Card Holder Signature: _____

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Direct inquiries to: Danielle Vellucci – Phone: (856)-256-2432 Fax: 856-589-7463 / E-mail: danielle.vellucci@ajj.com

**Make checks payable in U.S. dollars to:**  
**Send payment to U.S. Postal mailing address:**

National Advanced Practice Neonatal Nurses Conference  
ANN Conference Exhibits  
c/o Anthony J. Jannetti, Inc.  
East Holly Avenue, Box 56  
Pitman, NJ 08071-0056  
Attn: Danielle Vellucci

**(NNNC-APNC Federal Tax ID Number 94-2755330)**