

Industry Poster Abstract Application

Request Forms are due by January 31, 2019

\$5,000 includes a 10x10 booth and participation in the passport program. Posters will direct attendees to your booth. Scheduled poster times will be announced 6 weeks prior to the meeting.

Supporting Organization Name:	
Title of Poster:	
For use in AANN meeting materials -please submaterials to mpaulson@aann.org with application	it a company logo and a 50-word description of the abstract attion.
Contact information:	
Contact Person_	
Title	
Company Name	
Address_	
City, State Z	ip/Postal CodeCountry
TelephoneFax	E-mail Address
For Office Use Only:	
Date received:	(Topic will be reviewed within 5 business days of receipt)
Approval Signature:	Date:
Payment information: You may pay by check or Amount \$USD □Check	credit card.
☐ Credit Card #	Expiration Date:
For credit card payment please add a 3% service y	
Card Holder Name:	Credit Card Type:
Signature	

Return this form to: Mary Paulson, AANN Manager, Professional Relations

American Association of Neuroscience Nurses - 8735 W. Higgins Road, Suite 300, Chicago, IL 60631

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