**Join the AANN Advances in Stroke Care Conference**. We are anticipating **400 attendees** with varying levels of practice experience. Attendees include staff nurses, coordinators, administrators, researchers, case managers, clinical educators,

faculty, nurse managers, nurse practitioners, students, and more!

## Thursday, August 10 **Sponsored Reception** 5:30-6:30 pm **Exhibit Opportunities at the AANN 2017 Stroke Care Conference** Friday, August 11 **Limited Exhibit Space Available!** Breakfast 7-8 am Break 10:10-10:25 am Exhibit Fee: \$1,500 USD Lunch 12:35-1:30 pm Includes table top exhibit space, (6' table, **Exhibit Tear Down** 1:30-4:30 pm 2 chairs, wastebasket, company sign, listing in Pocket guide, and a list of conference attendees Note: Hours are subject to change. (Name/Facility/City/State only) PAYMENT DATE: Full payment must be received by June 30, 2017. CANCELLATION OF TABLE SPACE: In the event that the exhibitor notifies AANN of the exhibitor's intent to repudiate the contract after acceptance but prior to May 2, 2017, a full refund of monies received, minus a \$200 USD administrative fee per space, will be made. No refunds will be made or cancellations accepted after May 2, 2017. **Support the Conference:** Choose a level and an opportunity to support and receive a table top exhibit, a half-page ad in the pocket guide, and a listing on the AANN website with a link to your website. ☐ **Bronze Support:** \$5,000 USD ☐ Emerald Support: \$7,500 USD Sponsored Reception or Wi-Fi Tote bags, Lanyards, or notepads □ Platinum Level: \$45,000 Non-CE Symposium Lunch (see guidelines) includes booth and one bag insert. Recognition on signage, website, and pocket guide. Advertise at the Conference: ☐ **Bag Insert:** \$1,500 □ **E-blast:** \$2,500 □ 4 color ad in pocket guide: \$1,000 $\square$ ad on the mobile app: \$1,000 Specs for advertising are: Preferred formats: PDF or EPS, other acceptable formats: TIF of JPG at 1,200 ppi with no compression applied. Full page (6 x 9 with a .125" bleed) Half page (5 x 3.875) Organization: City/State/Zip: Title Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: E-Mail: \_\_\_\_\_\_ Website Address: \_\_\_\_\_\_

Payment: \$ \_\_\_\_\_ Check \_\_\_\_ (checks payable to American Association of Neuroscience Nurses)

\_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Info (a 3% service charge will be added to the total for credit card payments of over \$5,000) Return with payment to:

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