Join the AANN Advances in Stroke Care Conference. We are anticipating **500 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 23

Sponsored Reception	**5:30-6:30 pm**

Friday, August 24

Breakfast	**7-8 am**
Break	**10:10-10:25 am**
Lunch	**12:35-1:30 pm**
Exhibit Tear Down	**1:30-4:30 pm**

Note: *Hours are subject to change.*

Exhibit Opportunities at the AANN 2018 Stroke Care Conference

Limited Exhibit Space Available!

___ **Exhibit Fee:** $2,000 / Non-profit rate $1,800
Includes table top exhibit space, (6' table,
2 chairs, wastebasket, company sign, listing in
Pocket guide, and a list of conference attendees
(Name/Facility/City/State only)

PAYMENT DATE: Full payment must be received by June 30, 2018.
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, 2018, 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, 2018.

Support the Conference:
Choose a level and an opportunity to support and receive a table top exhibit, participation in the passport program, and a listing on the AANN website with a link to your website.

☐ **Bronze Support:** $3,000 USD ☐ **Silver Support:** $5,000 USD (Tote bags, Lanyards, or notepads)

☐ **Emerald Support:** $7,500 USD (Sponsored Reception or Wi-Fi) ☐ **Platinum Level:** $35,000 Non-CE Symposium Lunch (see guidelines) includes booth and one bag insert.

Advertise at the Conference:

□ **Bag Insert:** $1,500
□ **E-blast:** $2,500
□ **Passport:** $500
□ **4-color Ad in Pocket Guide:** $1,000
□ **Mobile App Ad:** $1,000

Contact Mary Paulson for specific specs for advertising

Organization: _____

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Contact: _____Title_____

Date: _____ Phone: _____ Fax: _____

E-Mail: _____ Website Address: _____

Payment: $ _____ Check _____ (checks payable to **American Association of Neuroscience Nurses**)

Credit Card: _____ 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:
AANN Professional Relations Department, Mary Paulson • P.O. Box 3781, Chicago, IL 60631 •
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