



Join the **3rd Annual International Neuroscience Nursing Research Symposium (INNRS)**. INNRS will be held in conjunction with the AANN Advances in Stroke Care Conference. We are anticipating **200 attendees at the INNRS Research Symposium**. Attendees include researchers, staff nurses, stroke coordinators, administrators, case managers, clinical educators, faculty, nurse managers, nurse practitioners, students, and more!

Exhibit Opportunities at the INNRS Neuroscience Nursing Research Symposium

Saturday, August 24	
Exhibit hours	2:30-4:15 pm
Sunday, August 25	
Exhibit hours	8:15-11:30 am
Exhibit Tear Down	11:30 am-1:00 pm
<i>Note: Hours are subject to change.</i>	

___ **INNRS Exhibit Fee:** \$700

Includes table top exhibit space, (6' table, 2 chairs, wastebasket, company sign, listing in conference app, and a list of INNRS conference attendees.
(Name/Facility/City/State only)

___ **INNRS Exhibit and Registration:** \$850 / Exhibit and Registration to INNRS

___ **Exhibit Fee for AANN Advances in Stroke Care Conference and INNRS:** \$2500

PAYMENT DATE: Full payment must be received by June 28, 2019.

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, 2019, 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, 2019.

Support the Conference:

Choose a support level and receive a table top exhibit, signage recognition, and a listing on the AANN website with a link to your website.

- Bronze Support:** \$2,500 USD
Coffee break, Lanyards
- Silver Support:** \$5,000 USD
Wi-Fi, Padfolios, or coffee sleeves

Advertise at the Conference:

- Advertising Insert: \$1,500
- E-blast: \$2,500
- ad on mobile app: \$1,000

Organization: _____

Address: _____

City/State/Zip: _____

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 •

Please contact Mary Paulson with any questions - mpaulson@aann.org • P: 847.375.4803 • F: 888.374.7259