

RESEARCH SYMPOSIUM



UTSouthwestern
Medical Center

Join the **3rd Annual International Neuroscience Nursing Research Symposium (INNRS)**. INNRS will follow the AANN Advances in Stroke Care Conference. We are anticipating **200 attendees** with varying levels of practice experience. Attendees include staff nurses, administrators, researchers, case managers, clinical educators, faculty, nurse managers, nurse practitioners, students, and more!

Exhibit Opportunities at the INNRS Neuroscience Nursing Research Symposium

___ Exhibit Fee: \$700

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

___ Additional Exhibit Fee for AANN Stroke Care Conference: \$2500

New- Exhibit at the **AANN Stroke Care Conference** on Thursday and Friday and **Save \$200**

For more information go to AANN.org

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, an ad in the pocket guide, and a listing on the AANN website with a link to your website.

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

Advertise at the Conference:

- E-blast:** \$2,500 **Advertising Insert:** \$1,500

Specs for advertising are: Preferred formats: PDF or EPS, other acceptable formats: TIF or 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: _____

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, Oak Brook, IL 60522

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

Saturday, August 24

Break 2:30 – 2:45pm

Break 4:00 – 4:15pm

Sunday, August 25

Break 8:30 -8:45am

Break 9:45 -10am

Break 11:15- 11:30am

Note: Hours are subject to change.