



Non-CE Symposia Guidelines
52nd Annual Educational Meeting
April 18-21, 2020

Loews Sapphire Falls Resort at Universal Orlando™
Orlando, FL

NON-CE PROGRAM

Supporting Organization Name: _____

Title of Program: _____

For use in AANN meeting materials -please submit a company logo and a 50-word description of the program electronically to mpaulson@aann.org with application.

AANN Provides Food \$65,000 or Sponsor provides the food \$30,000

Contact information:

Contact Person _____

Title _____

Company Name _____

Address _____

City, State _____ Zip/Postal Code _____ Country _____

Telephone _____ Fax _____ E-mail Address _____

For Office Use Only:

Date received: _____ (Topic will be reviewed within 5 business days of receipt)

Approval Signature: _____ Date: _____

Request Denied Signature: _____ Date: _____

Reasons: Topic Not Appropriate for audience Requested time slot not available

Payment information: You may pay by check or credit card.

Amount \$ _____ USD Check # _____

Credit Card # _____ Expiration Date: _____

For credit card payment please add a 3% service fee.

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
TEL: 847.375.4803 FAX: 888.374.7259 email: mpaulson@aann.org