



Non-CE Satellite Symposia Guidelines
American Association of Neuroscience Nurses
49th Annual Educational Meeting
March 21-24, 2017
Hynes Convention – Boston, MA

Request Forms are due by October 14, 2016 to be included in the registration brochure and December 14, 2016 for the program book.

NON-CE PROGRAM FEE \$30,000

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.

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: \_\_\_\_\_