



Join the AANN Advances in Stroke Care Conference. We are anticipating **400 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!

Exhibit Opportunities at the AANN 2017 Stroke Care Conference

Limited Exhibit Space Available!

Exhibit Fee: \$1,500 USD
 Includes table top exhibit space, (6' table, 2 chairs, wastebasket, company sign, listing in *Program guide*, and a list of conference attendees (Name/Facility/City/State only)

PAYMENT DATE: Full payment must be received by June 30, 2017.
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, 2017, 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, 2017.

Thursday, August 10	
Sponsored Reception	5:30-6:30 pm
Friday, August 12	
Breakfast	7-8 am
Break	10:10-10:25 am
Lunch	12:35-1:30 pm
Break	3:30-3:45 pm
Exhibit Tear Down	3:45-5 pm
<i>Note: Hours are subject to change.</i>	

Support the Conference:

Choose a level and an opportunity to support and receive a table top exhibit, a half-page ad in the program guide, and a listing on the AANN website with a link to your website.

- Bronze Support:** \$5,000 USD
Tote bags, Lanyards, or notepads
- Emerald Support:** \$7,500 USD
Sponsored Reception or Wi-Fi
- Platinum Level:** \$45,000 Non-CE Symposium Lunch (see guidelines) includes booth and one bag insert. Recognition on signage, website, and program guide.

Advertise at the Conference:

- Bag Insert:** \$1,500
- Half Page 4 color ad in program guide:** \$1,000
- E-blast:** \$2,500
- Meter board sign:** \$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 31756, Chicago, IL 60631 •
mpaulson@aann.org • P: 847.375.4803 • F: 888.374.7259