



AANN ADVANCES IN STROKE CARE CONFERENCE



August 23–25, 2018 • Omni Louisville Hotel • Louisville, KY • AANN.org/strokeconference

Join the AANN Advances in Stroke Care Conference. We are anticipating **500 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 2018 Stroke Care Conference

Limited Exhibit Space Available!

____ **Exhibit Fee:** \$2,000 USD
Includes table top exhibit space, (6' table, 2 chairs, wastebasket, company sign, listing in *Pocket guide*, and a list of conference attendees (Name/Facility/City/State only)

PAYMENT DATE: Full payment must be received by June 30, 2018.

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, 2018, 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, 2018.

Support the Conference:

Choose a level and an opportunity to support and receive a table top exhibit, a half-page ad in the pocket 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:** \$35,000 Non-CE Symposium Lunch (see guidelines) includes booth and one bag insert. Recognition on signage, website, and pocket guide.

Advertise at the Conference:

- Bag Insert:** \$1,500
- E-blast:** \$2,500
- 4-color Ad in Pocket Guide:** \$1,000
- Mobile App Ad:** \$1,000

Contact Mary Paulson for specific specs for advertising

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

Thursday, August 23	
Sponsored Reception	5:30-6:30 pm
Friday, August 24	
Breakfast	7-8 am
Break	10:10-10:25 am
Lunch	12:35-1:30 pm
Exhibit Tear Down	1:30-4:30 pm
Note: Hours are subject to change.	