



Webinar Guidelines

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1. The **Sponsor** will provide the proposed webinar information to the AANN Executive Office for consideration. This information will include:
 - Title of program
 - Abstract text description of 50 words or less for use in AANN webinar promotion

Sponsor will be notified regarding approved topics within 5 business days.
2. **The Sponsor** is responsible for all program development and speaker selection. Sponsor is responsible for all costs associated with the development and implementation of the virtual webinar session including the registration link, the development and distribution of materials as well as payment of honoraria and expenses directly to the speaker(s).
3. **The Sponsor** is responsible for all marketing costs and stand-alone brochures advertising the webinar.
4. **The Sponsor** is responsible for collecting presentation materials from the speaker(s) which can be posted on the AANN website along with any handouts.
5. **AANN** will promote your webinar registration link to all members through one eblast created by the Sponsor and sent by AANN, provide a listing in the AANN calendar of events and in the Special Events page on the AANN website.
6. The webinar will be on demand on the AANN website for up to 6 months (optional).
7. **AANN** must pre-approve all advertising for the webinar and provide such approval in writing to the Sponsor.
8. **Fee** - \$10,000 - 30 minutes / \$20,000 - 60 minutes (*nonrefundable at the time of signed agreement*).
9. No cancellations after application is received.

Advertising Regulations

1. All advertising for the webinar must be approved by AANN in writing prior to distribution.
2. AANN does not endorse any webinar and therefore no indication should be made in the advertising or promotion that AANN endorses the webinar.



Webinar Application

Sponsoring Organization Name: _____

Title of Program: _____

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

Request Date: _____

Contact information:

Contact Person _____ Title _____

Company Name _____

Address _____

City, State _____ Zip/Postal Code _____ Country _____

Telephone _____ Fax _____ E-mail Address _____

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. (*nonrefundable at the time of signed agreement*).

30 minutes / \$10,000 USD **60 minutes / \$20,000 USD** Check # _____

Signature: _____

Mail checks to:
American Association of Neuroscience Nurses
PO Box 3781
Oak Brook, IL 60522

To pay by credit card, please contact AANN Member Services at 888.557.2266 | 847.375.4733.

NOTE: Credit card payments of \$5,000 or more will be assessed a 3% processing fee.

Return this form to: Adrienne Stokes, AANN Manager, Professional Relations
EMAIL: astokes@aann.org
For questions, contact Adrienne at 847.375.4763