

FIRST ANNUAL
NEURO-APP
 ADVANCED CARE FOR NEUROSCIENCE PATIENTS
 JANUARY 20-23, 2021 • SAN DIEGO, CA

Virtual Exhibit Space Options

Non-Profit – \$1,995

- Virtual exhibit space
- 50-word description w/logo
- A link to your website
- Chat and scheduling capability

VIP - \$2,500

- Virtual exhibit space
- 50-word description w/logo
- A link to your website
- Chat and scheduling capability
- A link to a digital promotional piece

Premier - \$5,000

- 50-word description w/logo
- A link to your website
- Chat and scheduling capability
- Banner ad in virtual platform
- 30 min shared Exhibitor Session
- Video ad -5 minute or less
- Recognized as a Bronze Sponsor
- One Full Conference Registration

Sponsorship Levels

Create Your Own Sponsorship – or Add on to Your Exhibit Experience

- Platinum Level: \$25,000 Gold Level: \$15,000 Silver Level: \$10,000 Bronze Level: \$5,000
 Choose from the items below to reach the value of the sponsorship level of your choice.

Please check the box	Item	Amount
<input type="checkbox"/>	Virtual 60 minute Non-CE Symposium Guidelines (PDF) and Application (PDF) Hosted on the AANN website for 6 months. Premier booth is included.	\$25,000
<input type="checkbox"/>	Opening Reception Zoom Room	\$10,000
<input type="checkbox"/>	30 Minute shared Exhibitor session	2,500
<input type="checkbox"/>	Product Theater (30-minute presentation regarding your product/service, live or webinar) will be hosted on website for 6 months.	\$12,500
<input type="checkbox"/>	Coffee Break (1 per sponsor) - Provide everyone that enters a Starbucks gift card. You receive the contact information including emails to send the gift card.	\$5,000 AANN Provides gift card \$3,000 if Sponsor provides Gift card
<input type="checkbox"/>	Rotating Banner Ad in exhibit hall and on AANN website.	\$5,000 6 months \$1,500 1month
<input type="checkbox"/>	E-blast to AANN membership	\$2,500
<input type="checkbox"/>	Industry Posters hosted on AANN website for 6 months	\$2,500
<input type="checkbox"/>	Video Ad in your booth	\$1,500
<input type="checkbox"/>	Full registration to the conference	\$400

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Virtual Exhibit Sponsorship Application

Company Information:

Company Name: _____

(Exactly as you wish it to appear on your exhibitor listing)

Address: _____

City/State/Zip/Country: _____

Phone: _____ Fax: _____

The signer of the application for the virtual opportunity—or person designated above—shall be the official representative of the exhibitor and shall have the authority to certify representatives and act on behalf of the exhibitor in all negotiations.

Signature: _____ Date: _____

Name: _____ Title: _____

E-Mail: _____ Website Address: _____

Billing Information This contract will be addressed to the signer (or designee indicated below, if different).

Name: _____ Title: _____

Company Name: (if different) _____

Address (if different) _____

City/State/Zip/Country: _____

Phone: _____ Fax: _____

E-Mail: _____

Payment: \$ _____ Check _____ (checks payable to American Association of Neuroscience Nurses)

We understand further that all virtual space and opportunities must be paid for in full **by December 2, 2020**.

Credit Card: _____ Expiration Date: _____

Fax the application form to +1.888.374.7259. Make a copy of the form for your records. Mail Check and application to **American Association of Neuroscience Nurses Exhibition Office**, PO Box 3781 • Oak Brook, IL, USA 60522.

Cancellation of Virtual Opportunity *In the event that the exhibitor notifies AANN of the exhibitor's intent to repudiate the contract after acceptance but prior to **December 2, 2020**, a full refund of monies received, minus a **\$200 USD** administrative fee per space, will be made. No refunds or cancellations accepted after **December 2, 2020**.*

Please check product categories to be listed (check all that apply):

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Clinical Trial Management | <input type="checkbox"/> Medical Equipment and Supplies | <input type="checkbox"/> Recruitment |
| <input type="checkbox"/> Education | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Software |
| <input type="checkbox"/> Medical Devices | | <input type="checkbox"/> Other _____ |

Official Program Information- Describe in 50 words or less your products and services to be promoted. Please submit your description electronically to mpaulson@aann.org.

Contact: Mary Paulson for customized ExpoCad opportunities at mpaulson@aann.org.
Please visit the [AANN website](http://www.aann.org) for virtual hours and updated information.