



Join the **4th International Neuroscience Nursing Research Symposium (INNRS)**. INNRS will be held in conjunction with the AANN Advances in Stroke Care Conference. We are anticipating **200 attendees** at the Research Symposium. Attendees include researchers, staff nurses, stroke coordinators, administrators, case managers, clinical educators, faculty, nurse managers, nurse practitioners, students, and more!

Exhibit Opportunities at the INNRS

___ **INNRS Exhibit Fee:** \$750

Includes table top exhibit space, 6' skirted table, 2 chairs, wastebasket, company sign, listing in conference app, and a list of INNRS conference attendees. (Name/Facility/City/State only)

___ **INNRS Exhibit and Registration:** \$850 / Exhibit and Registration to INNRS

INNRS Schedule	
Saturday, August 22	
light Lunch	12:30-1:00 pm
Breaks (30 minutes)	2:30 & 4:00
Networking Event	5:30-7:00 pm
Sunday, August 23	
Exhibit hours	8:30-10:30 am
Breaks (30 minutes)	8:30 and 10:00
Note: Hours are subject to change.	

PAYMENT DATE: Full payment must be received by May 1, 2020.

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 1, 2020, 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 1, 2020.

Support the Symposium:

Choose a support level and receive a table top exhibit, signage recognition, and a listing on the AANN website with a link to your website.

Bronze Support: \$2,500 USD
Water cooler

Silver Support: \$5,000 USD
Coffee break

Exclusive Support: \$7,000 USD
Padfolios and Lanyards

Advertise at the Conference:

Advertising Insert: \$1,500 E-blast: \$2,500 ad on mobile app: \$1,000

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

INNRS20