

32nd Annual Pediatric Nursing Conference

Philadelphia Marriott Downtown – June 2-4, 2016 – Philadelphia, PA

2016 APPLICATION FOR EXHIBIT SPACE

Pediatric Nursing Conference
 c/o Anthony J. Jannetti, Inc.
 East Holly Avenue / Box 56
 Pitman, NJ 08071-0056
 Telephone: 856-256-2432
 Fax: 856-589-7463
 E-mail: pn_exhibits@ajj.com

Booth Fee

10' x 10' \$1,450

Pediatric Nursing Use Only

Booth Assigned _____

Received _____ Price _____

Deposit Rcd _____ Ck No _____

We hereby apply, subject to the terms of your printed prospectus and rules and regulations of this meeting for space in the exhibit area, as follows:

<p>A. Program Book Information (Please complete the following information as it should appear in the Program Book.):</p> <p>Company Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Main Phone Number _____ Main Fax Number _____</p> <p>Customer Service E-mail _____</p> <p>Web site _____</p>	<p>B. Mailing Information (Please complete E-mail, contact name, phone, and fax. The remaining information only needs to be completed if different than Section A.):</p> <p>Contact Name <i>(Required Info)</i> _____ Title _____</p> <p>Company Name _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone <i>(Required Info)</i> _____</p> <p>Contact E-mail <i>(Required for receipt of exhibit confirmation and updates)</i> _____</p>
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C. Product Description: PLEASE DO NOT ATTACH OR SEND YOUR WRITEUP WITH THIS APPLICATION – IT MUST BE EMAILED TO ADDRESS BELOW. Please provide an optional 50-word description of your exhibit display and products that will be included in the Program. Copy exceeding this limit will be edited. Write-ups must be submitted **no later than May 4, 2016** to be included within the Program. Please e-mail your write-up to pn_writeup@ajj.com.

D. Choice of Booth(s): (Give at least six choices)

1st Choice _____ 3rd Choice _____ 5th Choice _____

2nd Choice _____ 4th Choice _____ 6th Choice _____

Number of Booths Requested: _____ Size of Island Space Requested: _____

If possible, **do not** assign us space near: _____

We agree that we may not receive one of our preferred choices. However, Pediatric Nursing Conference will try to make assignments in the requested area. Assignment of space made by the Pediatric Nursing Conference will be considered accepted unless rejected, in writing, within seven days from the date of receipt of notification of space assignment. Once initial booth assignments are made, booths will be assigned on a first come, first served basis. Payment in full is due upon receipt of confirmation. A deposit in the amount of 50% for each exhibit space is required with application for exhibit space. **Applications submitted after March 15, 2016 must be accompanied by payment in full.** All provisions of the official rules and regulations as published in the official prospectus shall be part of this contract.

E. Payment Information / Optional Enhancements to Exhibit Space:

Number of booths or island size requested: _____ at a cost of \$ _____

50% minimum deposit (\$725) for application submitted prior to March 15, 2016 \$ _____

100% of booth fee with applications submitted after March 15, 2016 \$ _____

_____ Advertising space in the Official Pediatric Nursing Program (see details within exhibit prospectus) \$ _____

_____ Sponsorship Option(see details within exhibit prospectus) \$ _____

TOTAL PAYMENT ENCLOSED \$ _____

F. Payment by Check (PN Tax ID # 22-3018541)
 Mail check payable in U.S. Funds to
(The remaining balance is due by May 20, 2016):

Pediatric Nursing Conference
 c/o Anthony J. Jannetti, Inc.
Postal - Box 56, Pitman, NJ 08071-0056
Overnight Service – 200 East Holly Avenue, Sewell, NJ 08080

Phone 856-256-2432 / Fax 856-589-7463

G. Full Payment by Credit Card (PN Tax ID # 22-3018541)

American Express Visa Mastercard

Name on Credit Card _____

Credit Card Number _____

Security Code _____ Charge Amount _____

Exp Date _____ Signature _____