



17th National Neonatal Nurses Conference
20th National Mother Baby Nurses Conference
& NEW Fall National Advanced Practice Neonatal Nurses Conference
Westgate Las Vegas Resort & Casino, Las Vegas, NV
September 13 – 16, 2017

2017 APPLICATION FOR EXHIBIT SPACE

National Neonatal Nurses Conference (NNNC)
 c/o Anthony J. Jannetti, Inc.
 East Holly Avenue, Box 56
 Pitman, NJ 08071-0056
 Phone (856) 256-2342; Fax: 856-589-7463
 E-mail: nnnc_exhibits@ajj.com

NNNC Use Only	
Booth Assigned _____	
Received _____	Price _____
Deposit Recd _____	Ck No _____

Booth Fees	
In-line Booth	\$1,950
Corner Booth	\$2,150
Island Space	\$22.00 / per sq.ft.
Non-profit Booth	\$1,500

We apply, subject to the terms of 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>_____</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 personal E-mail, contact name, phone, and fax. Remaining information needs to be completed if different than Section A.):</p> <p>_____</p> <p>Contact Name _____</p> <p>Company Name _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Fax _____</p> <p>Contact E-mail (<i>Mandatory for receipt of exhibit confirmation materials & updates</i>) _____</p>
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C. Product Description: Please provide an optional 25-word description of your exhibit display and products that will be included in the NNNC Conference Syllabus. Copy exceeding this limit will be edited. **Write-ups must be submitted electronically to be received no later than July 21, 2017** for inclusion within the NNNC Conference Syllabus. Please email your write-up to: nnnc_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: _____

Booths are 10'x10'. We agree that we may not receive one of our preferred choices. However, NNNC will try to make assignment in the requested area. Assignment of space made by the National Neonatal Nurses Conference will be considered accepted unless rejected 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. All provisions of the official rules and regulations as published in the official prospectus shall be a part of this contract. Exhibit fee covers only space costs. Arrangement for furnishings, labor, shipping, and hotel must be made individually. All reassignments requested by an exhibitor, which can be accommodated, are subject to an additional \$200 administrative fee.

E. Payment Information / Optional Enhancements to Exhibit Space: Number of booths or island size requested: _____ at a cost of \$ _____

50% minimum deposit for application submitted prior to May 1, 2017 \$ _____

100% of booth fee with applications submitted after May 1, 2017 \$ _____

_____ Advertising space in the NNNC Conference Syllabus (see details within exhibit prospectus) \$ _____

_____ \$775 for one page ad; _____ \$575 for one-half page ad _____ (H) or _____ (V); Two-Color (Additional \$500); Four-Color (Additional \$725) \$ _____

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

TOTAL PAYMENT ENCLOSED..... \$ _____

F. Pay by Credit Card: Full payment due by May 1, 2017
 (NNNC Tax ID No. 94-2755330)

Visa MasterCard

Name on Credit Card _____

Credit Card Number _____

Expiration Date _____ Charge Amount _____

Security Code (see back of card) _____

Card Holder Signature _____

G. Payment by Check (NNNC Tax ID No. 94-2755330)
Please Note: The remaining balance is due by May 1, 2017

Mail check payable in **U.S. Funds** by **U.S. Postal Mail** to:

NNNC
 c/o Anthony J. Jannetti, Inc.
 East Holly Avenue, Box 56
 Pitman, NJ 08071-0056
 Attn: Joanne Silverberg

Physical Address for courier delivery (**UPS or Overnight Service**):
 NNNC
 c/o Anthony J. Jannetti, Inc.
 200 East Holly Avenue
 Sewell, NJ 08080
 Attn: Joanne Silverberg

Conference and Exhibit Management Representatives:

Anthony J. Jannetti, Inc ♦ East Holly Ave, Box 56 ♦ Pitman, NJ 08071-0056 ♦ Phone: 856-256-2342 / Fax: 856-589-7463