



**Spring Advanced Practice Neonatal Nurses Conference
Portland Downtown Waterfront Marriott, Portland, Oregon
May 4 – 6, 2018**

2018 APPLICATION FOR EXHIBIT SPACE

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

Booth Fees:
10' X 10' Space
Inline.....\$1,300.00
Corner....\$1,450.00

NNNC-APNC Use Only
Booth Assigned _____
Received _____
Price _____

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. Conference Syllabus Book Information (Please complete the following information as it should appear in the Conference Syllabus Book.):</p> <hr/> <p>Company Name _____</p> <hr/> <p>Address _____</p> <hr/> <p>City _____ State _____ Zip _____</p> <hr/> <p>Main Phone Number _____ Main Fax Number _____</p> <hr/> <p>Customer Service E-mail _____</p> <hr/> <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> <hr/> <p>Contact Name _____</p> <hr/> <p>Company Name _____</p> <hr/> <p>Mailing Address _____</p> <hr/> <p>City _____ State _____ Zip _____</p> <hr/> <p>Phone _____ Fax _____</p> <hr/> <p>Contact E-mail (Mandatory for receipt of exhibit confirmation materials & updates) _____</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-APNC Conference Syllabus. Copy exceeding this limit will be edited. Write-ups must be submitted no later than March 21, 2018 to be included within the NNNC-APNC Conference Syllabus. Please e-mail your write-up to: apnc_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-APNC will try to make assignment in the requested area. Assignment of space made by the Advanced Practice 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 \$250 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 January 5, 2018 \$ _____
 100% of booth fee with applications submitted after January 5, 2018 \$ _____
 _____ Advertising space in the NNNC-APNC Conference Syllabus (see details within exhibit prospectus) \$ _____
 _____ \$500 for one page ad; _____ \$400 for one-half page ad _____ (H) or _____ (V); Four-Color (Additional \$600) \$ _____
 _____ Sponsorship Option (see details within exhibit prospectus) \$ _____

TOTAL PAYMENT ENCLOSED \$ _____

F. Pay by Credit Card: Full payment due by January 5, 2018
(NNNC-APNC 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-APNC Tax ID No. 94-2755330)
Please Note: The remaining balance is due by January 5, 2018

Mail check payable in **U.S. Funds** by **U.S. Postal Mail** to:
 NNNC-APNC
 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-APNC
 c/o Anthony J. Jannetti, Inc.
 200 East Holly Avenue
 Sewell, NJ 08080
 Attn: Joanne Silverberg