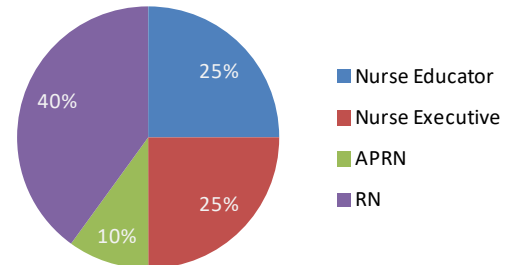


Exhibitor Prospectus

September 28-29, 2017 | Embassy Suites | Scottsdale, Arizona

The AzNA Biennial Convention brings together nurse clinicians, educators and executives who are working on the forefront of advancing the nursing profession and improving patient care.

- Cost-effective exhibitor and advertising opportunities
- 2.5 hours of dedicated exhibit time
- 94% of attendees interact with exhibitors
- Connect with over 300 nurses



Available Opportunities

Premium Sponsorship

\$10,000

- Exclusive Sponsorship of Mobile App - Includes Branding of App Welcome Page & Menu Footer
- Recognition from Podium
- Full-Page Ad in Program with Logo
- Exhibitor Booth in Premium Location

Lunch Sponsorship

\$5000

- Full-Page Ad in Program
- Recognition in Program with Logo
- Exhibitor Booth
- On-site signage recognizing sponsorship
- Sponsorship recognized in online registration

Break or Breakfast Sponsor

\$2500 OR \$3000

- 1/4 page Ad in Program
- Recognition in Program with Logo
- Exhibitor Booth
- On-site signage recognizing sponsorship

Notebook or Totebag Sponsor

\$2500

- Logo displayed on notebook cover or one side of Convention Tote Bag

Nurse Sponsorship Package

\$2200 (discount of up to 48%)

GEARED TO MAXIMIZE VALUE FOR HOSPITALS, EDUCATIONAL INSTITUTIONS, AND OTHER FACILITIES WITH NURSES ON STAFF

- Registration for ten (10) individuals for full Convention at the member rate
- Exhibitor Booth
- 1/2 page ad in Program
- Reserved table with organization logo during general session and meals (not available through any other package)
- Recognition in Program with Logo

Standard Exhibitor Booth

\$750

- One (1) six-foot draped table, two chairs, meal for one
- Recognition in Program
- (Electrical and on-site package delivery fees not included)

Program Advertising

\$150-\$1000

- Inside Front Cover
- Back Cover
- 1/2 page interior
- 1/4 page interior

Better Together
Renewing
Ourselves
and
Our
Profession

2017
Biennial
Convention

DATE: September 28-29, 2017 **LOCATION:** Embassy Suites, Scottsdale, Arizona

EXHIBITOR'S INFORMATION

Company Name (Type directly into form & Re-Save)	Website
Name of Person Authorizing Purchase	Position/Title
Address	City State Zip
Phone: Office	Phone: Cellular
Email	Signature (Digital Signature Accepted) Date

EXHIBITOR TABLES
NURSE SPONSORSHIP

- | | |
|---|---|
| <input type="checkbox"/> Standard Exhibitor Table.....\$750 | <input type="checkbox"/> Nurse Sponsorship Package.....\$2200 |
|---|---|

EXHIBITOR SERVICES NEEDED

 Exhibitor Registration includes:
 (1) six foot skirted table, (1) chair, (1) lunch & (1) vendor name badge. Also includes name on exhibitor page in conference program

Please advise if you need:

-
- electrical outlet
-
-
- additional chair and meal at \$55 each | Quantity needed: _____ x \$55 = \$_____ total

SPONSORSHIP OPTIONS

all sponsorship options include exhibitor table fees

- | | |
|--|---|
| <input type="checkbox"/> Breakfast.....\$3000 | <input type="checkbox"/> Keynote Session.....\$5000 |
| <input type="checkbox"/> Morning or Afternoon Break.....\$2500 | <input type="checkbox"/> Premium Sponsorship.....\$10,000 |
| <input type="checkbox"/> Lunch.....\$5000 | |

PROGRAM ADVERTISING

- | | | |
|--|---|---|
| <input type="checkbox"/> Inside Front or Back Cover \$1000 | <input type="checkbox"/> 1/2 Page Ad in Program.....\$300 | <input type="checkbox"/> 1/4 Page Ad in Program.....\$150 |
|--|---|---|

ADDITIONAL MARKETING OPPORTUNITIES

-
- Notebook - \$2500 Distributed to all attendees with your company logo
-
-
- Conference Tote Bags - \$2500 Distributed to all attendees with your company logo
-
-
- Other (Please contact AzNA to discuss sponsorship ideas & options) - \$TBD

PAYMENT OPTIONS

-
- Check**
- Please make checks payable to AzNA and mail to: Arizona Nurses Association
-
- 1850 E. Southern Avenue, Suite 1
-
- Tempe, AZ 85282

-
- Credit Card**
- AzNA Accepts Visa, Mastercard, American Express & Discover

Print Name (as it appears on card)	Credit Card Number	Expiration Date (mm/yy)
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VCode (3 digit # on back of card)	Amount Authorized (total of all items) \$	Cardholder Signature (must have signature/digital signature to process payment)
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-
- Billing Address (check here if billing address is the same as Exhibitor's Address)

TERMS & CONDITIONS

Exhibit Opportunities are limited and will be allocated on a first-come, first-served basis. a completed, signed contract and payment are required prior to confirmation of participation. All payments must be received by September 13, 2017.

- AzNA reserves the right to cancel this agreement if payment is not received by September 13, 2017.
- Requests for cancellations and refunds must be submitted in writing to info@aznurse.org. Cancellations received before September 1, 2017 will be subject to a \$50 administrative cancellation fee. Cancellation received on or after September 1, 2017 is subject to 100% of the total approved amount as submitted on the Exhibitor Registration Form.

CONTRACT AGREEMENT
Signature is confirmation of commitment. I have read the agreement and am authorized by my company to make this commitment.
SIGNED: _____ **DATE:** _____