



Partnership/Sponsorship/Exhibit Registration Form

AANLCP 2019 Educational Conference

March 21 – 24, 2019, Harrah's Casino Hotel, Las Vegas, NV

Mail, email or fax this form to: AANLCP 125 Warrendale Bayne Rd., Suite 375, Warrendale, PA 15086

Fax: 724.935.1560 Email: info@aanlcp.org

Company Information (Please complete all fields.)

Company Name: _____ Contact Name: _____

*Exactly as you wish it to appear on printed program

Contact Phone: _____ Contact Email: _____

Company Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

Phone: _____ Ext.: _____ E-mail: _____

Web site: _____

Program Information

Describe in 50 words or less the products or services to be exhibited, exactly as you want the information to appear in the official conference program. This information can be emailed to info@aanlcp.org no later than Jan 7, 2019.

Booth Information

All exhibitors will receive a 6 ft long table with two (2) chairs. Table skirts, table top signs, printed materials etc. are supplied by the exhibitor.

Selection (Please refer to the Partnership/Sponsorship/Exhibit Prospectus)

Diamond Partnership \$3,500

Platinum Partnership \$2,500

Gold Partnership \$1,500

Digital Partnership \$750

Keynote Sponsor \$3,000

Break/Breakfast Sponsor \$850

Thumb Drive Sponsor \$1,000

Attendee Bag Sponsor \$5

Conference Padfolio Sponsor \$500

Online Conference Agenda App \$1,500

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Lanyard Sponsor \$500

Web Header Ad Space -Online Conference Agenda \$1,000

Mobile Header Ad Space Online Conference Agenda \$500

Conference Session Sponsor \$250

Exhibit Space: Before 11/30/18 \$750 After 11/30/18 \$895 After 2/15/19 \$1,050 (No application will be accepted after 3/15/2019)

No. of Booth Space Reserved: _____ \$ _____

Total Amount Paid: _____

Payment Method

Check Visa MasterCard AmEx Discover (print card number below)

Card Number: _____ CVV: _____ Exp. Date: _____

Print Name on Card: _____ Zip Code: _____

Checks should be made payable to the American Association of Nurse Life Care Planners (AANLCP) and mailed to AANLCP, 125 Warrendale Bayne Rd. #375 Warrendale, PA 15086. Payment by credit card can be completed using the above form or online at aanlcp.org.

Inquiries should be directed to Annie Wiest at 724-935-1531 or a.wiest@kamo-ms.com.

By submitting this registration, I agree that I have read & accept the terms & condition listed in the brochure.

Signature: _____ Date: _____