

**Nurses:**  
**Arizona Superheroes**  
*Not every hero wears a cape*

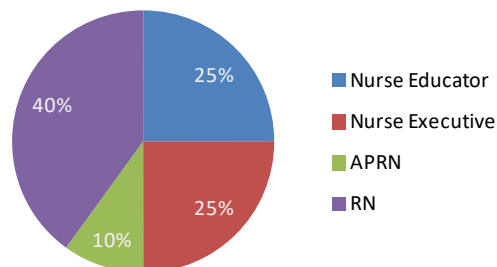
Fri, Sept 28 - Sat, Sept 29 • Chandler, Arizona

# Exhibitor Prospectus

Fri Sept 28 - Sat Sept 29, 2018 | Wild Horse Pass Hotel & Casino, Chandler, AZ

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 Table in Premium Location

### Lunch Sponsorship

**\$5000**

- Full-Page Ad in Program
- Recognition in Program with Logo
- Exhibitor Table
- 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 Table
- 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 33%)

**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
- 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 Exhibit Table

**\$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



**DATE:** September 28-29, 2018    **LOCATION:** Wild Horse Pass Hotel & Casino, Chandler, AZ

### 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

### EXHIBIT TABLES

### NURSE SPONSORSHIP

- |   |   |
|---|---|
| <input type="checkbox"/> Standard Exhibit 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 exhibit 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 10, 2018.

- AzNA reserves the right to cancel this agreement if payment is not received by September 10, 2018.
- Requests for cancellations and refunds must be submitted in writing to info@aznurse.org. Cancellations received before September 1, 2018 will be subject to a \$50 administrative cancellation fee. Cancellation received on or after September 1, 2018 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:** \_\_\_\_\_

AzNA Tax ID# 86-0003918  
Email form to: info@aznurse.org or FAX: 480.839.4780 or mail: 1850 E Southern Ave, Ste 1, Tempe, Arizona 85282