



2018 APRN Spring Conference April 26-28, 2018

The 2018 APRN Spring Conference will be held at the Natchez Convention Center in Natchez on April 26-28. Use this opportunity to network with advanced practice nurses from across Mississippi and surrounding states. Our **Exhibit Day is Friday, April 27**. There will be **tabletop exhibits** with two chairs. Reserve your space now! Complete the agreement below and return before the **April 6** deadline. If you have any questions, please call Dana Walker at (601) 898-0670 or email: dwalker@msnurses.org

2018 Exhibitor and Sponsor Agreement

The 2018 APRN Spring Conference Exhibit Hall will be on a **first-come, first-served set-up basis**. Exhibitors may set up on Thursday, April 26 between 3:00 p.m. and 5:00 p.m. or Friday, April 27 between 6:30 a.m. and 7:30 a.m. The all-day booth fee is \$625. Payment is due upon return of agreement. Please complete the following information and fax to: **(601) 898-0190 or mail to MNA, 31 Woodgreen Place, Madison, MS 39110.**

Name of Company: _____

Contact Person: _____ Contact Person Email: _____

Address: _____ Telephone #: _____

City, State, Zip: _____

Please list Exhibiting Reps Names for Badges: _____

Exhibiting Reps E-mail Addresses: _____

I will need a table skirt I am bringing a table skirt with company logo

\$ _____ **Event Sponsor-in-part \$3,500.00** (Sponsor-in-part includes one exhibit space/two lunches, prominent sponsorship signage, and display table and recognition during the keynote luncheon at the Natchez Convention Center.)

\$ _____ **Networking Break Sponsor \$1,500.00** (Break sponsorship includes one exhibit space/two lunches and signage in the break area, Friday, April 27.)

\$ _____ **Exhibit Fee \$625.00** (Agreement entitles exhibitor to an exhibit space for exclusive use on Friday, April 27. The exhibit fee includes one lunch.)

\$ _____ **Tote Bag Insert Fee \$400.00**

\$ _____ Additional lunches _____ @ \$15.00 each

\$ _____ **Total Enclosed** Checks should be made payable to: Mississippi Nurses' Association or MNA

Company Check



Account Number _____

Exp. Date _____

5 Digit Zip Code _____

CVV Code _____

Cardholder's Name (please print) _____

Cardholder's Signature _____

By submitting this contract, we agree to exhibit and/or sponsor under and comply with the accompanying Rules and Regulations, terms and conditions. We further agree to abide by the terms and conditions of the exhibitor service kit (if exhibiting) and additional memoranda issued prior to the show. Payment enclosed herewith/we are authorizing credit card payment if applicable. The individual signing on behalf of the Exhibitor/Sponsor warrants he/she is authorized to do so.

Note: All exhibit booth payments, including deposits and fees, are non-refundable after April 2. Please see cancellation policy for details.