



2019 APRN Spring Conference April 11-13, 2019

The 2019 APRN Spring Conference will be held at the Natchez Convention Center in Natchez on April 11-13. Use this opportunity to network with advanced practice nurses from across Mississippi and surrounding states. Our **Exhibit Day is Friday, April 12**. There will be **tabletop exhibits** with two chairs. Reserve your space now! Complete the agreement below and return before the **March 22** deadline. If you have any questions, please call Dana Walker at (601) 898-0670 or email: dwalker@msnurses.org.

2019 Exhibitor and Sponsor Agreement

The 2019 APRN Spring Conference Exhibit Hall will be on a **first-come, first-served set-up basis**. Exhibitors may set up on Thursday, April 11 between 3:00 p.m. and 5:00 p.m. or Friday, April 12 between 6:30 a.m. and 7:30 a.m. Exhibit booth fee is \$675. 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: _____

\$ _____ **Lunch Sponsor \$5,000.00** (Lunch Sponsorship includes display table and recognition during the keynote luncheon, prominent sponsorship signage, company name and logo will appear in MNA's quarterly magazine (MS RN), and one exhibit space.)

\$ _____ **Tote Bag Sponsor \$3,000.00** (Tote Bag sponsorship includes company logo on attendee bag, sponsorship signage, company name and logo will appear in MNA's quarterly magazine (MS RN), and one exhibit space.)

\$ _____ **Networking Break Sponsor \$1,500.00** (Break sponsorship includes signage in the break area, company name and logo will appear in MNA's quarterly magazine (MS RN), and one exhibit space.)

\$ _____ **Exhibit Fee \$675.00** (Agreement includes one exhibit space, company name appearing in MNA's quarterly magazine (MS RN).)

\$ _____ **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 March 18. Please see cancellation policy for details.