



2020 APRN Spring Conference April 17-18, 2020

The 2020 APRN Spring Conference will be held at the MSU Riley Center in Meridian on April 17-18. Use this opportunity to network with advanced practice nurses from across Mississippi and surrounding states.

Our **Exhibit Day is Friday, April 17**. There will be **tabletop exhibits** with two chairs. Reserve your space now! Complete the agreement below and return before the **March 27** deadline. If you have any questions, please call Dana Walker at (601) 898-0670 or email: dwalker@msnurses.org.

2020 Exhibitor and Sponsor Agreement

The 2020 APRN Spring Conference Exhibit Hall will be on a **first-come, first-served set-up basis**. Exhibitors may set up on Thursday, April 16 between 3:00 p.m. and 5:00 p.m. or Friday, April 17 between 6:30 a.m. and 7:30 a.m. Exhibit booth fee is \$750. 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 \$750.00** (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 _____

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 23. Please see cancellation policy for details.