

Mississippi Nurses' Association Annual Convention – October 13 - 16, 2020
Expo Day – October 15, 2020 • APRN Day – October 16, 2020
MS Coast Coliseum and Convention Center, Biloxi, MS

Registration balance is due September 25, 2020. Please enter information EXACTLY as it should appear on promotional materials. Contact Dana Walker at (601) 898-0670 or dwalker@msnurses.org for inquiries or go to our website at www.msnurses.org.

Company Name: _____
 Contact Person: _____
 Address: _____

 City: _____ State: ____ Zip: _____
 Email: _____
 Company Website: _____
 Phone Number: _____
 Name(s) on Badge(s): _____

Returning Exhibitors from 2019 receive a \$50.00 discount. **A \$400 deposit must accompany the Exhibition Contract with the balance due no later than September 25.** Contract without deposit will not be processed; therefore, **your booth will not be officially assigned until payment & form is received.**

Anticipated attendance is over 400 RNs & 200 Advanced Practice Registered Nurses and Booth fee includes scheduled “dedicated” exhibit hall times and meals on the exhibit floor. Exhibit booths are 10’ wide by 9’ deep, draped with a flameproof background cloth. Backdrops are 8’ high with 3’ side dividers. Each booth will be provided with one company name identification sign, two chairs, one 8’ draped table with a white top and pleated skirt on three sides. Please see the Expo Guide for further details and important information regarding the Advanced Practice Registered Nurses Fall Workshop Expo.

Payment Company Check



Card Number: _____ CVV Code: _____
 Exp. Date: _____ Zip Code: _____
 Name on Card: _____
 Cardholder Signature: _____
 Payment Amount: \$ _____

Checks Payable To: MS Nurses Association
 Mail Check with Contract To: 31 Woodgreen Place
 Madison, MS 39110

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 exhibit. 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.

- T-Shirt Sponsor (SOLD)\$5,500
- Keynote Luncheon (Thur) \$5,000
- Advanced Practice Luncheon (Fri) \$5,000
- Company Logo on Attendee Bag \$4,500
- Advanced Practice Breakfast (Fri) \$4,000

Select Sponsor Opportunities:

- Joint Session Speaker (Thur afternoon)..... \$3,000
- Exhibit Hall Break (Thur) \$2,500
- Joint Session Thursday Afternoon Break \$2,500
- Company logo on lanyard \$2,000

Sponsor Package Options:

- Diamond Sponsor (includes AP Exhibit Booth) (Thur & Fri)..... \$1,500
- Ruby Sponsor (includes Advanced Practice Exhibit Booth)(Th&Fr) . \$1,300
- Emerald Sponsor (APRN exhibit only-Fri) \$1,150

Exhibitor Opportunities:

- 2020 Expo Exhibit and Advanced Practice Exhibit Booth (Thur&Fri)\$1,000
- 2020 Expo Exhibit Booth (only-Thur) \$750
- Advanced Practice Booth (only-Fri) \$750

Non-Attending Sponsor Opportunities:

- Conference Bag Inserts (non-attending companies) \$550

Additional Lunches:

- Thursday _____ \$20 ea
 (Please indicate quantity)

Sponsor Package Total	
Premium Sponsorship Total	
Additional Lunch Total	
Deposit Fee Enclosed	
Balance Due by September 25, 2020	

Authorized Exhibitor Signature:

Date: _____

Note: All exhibit booth payments, including deposits and fees, are non-refundable after September 15. Please see cancellation policy for details.