



# EXHIBIT SPACE APPLICATION

## AAMN 44th Annual Conference

October 31-November 2, 2019

WYNDHAM LAKE BUENA VISTA DISNEY SPRINGS RESORT / Orlando, Florida

### Exhibit Space Reservation

Company/Organization

Contact Person

Title

Address

City State

ZIP

Phone Number E-Mail Address

Onsite Representative Name for Badge

Additional Onsite Representative Name for Badge (if double booth)

### LOCATION PREFERENCE

1st Choice 2nd Choice 3rd Choice

Companies across from or next to which we would like to be located.

Companies across from or next to which we would NOT like to be located.

### AUTHORIZATION

**WE AGREE TO THE TERMS OF THE EXHIBIT SPACE CONTRACT ATTACHED. ACCEPTANCE OF THIS APPLICATION BY SHOW MANAGEMENT CONSTITUTES A CONTRACT.**

Authorized Signature Date

Print Name

- Exhibit Table (\$1,000)
- Additional Exhibitor Badge (\$100)
- Platinum Sponsor (\$10,000)
- Gold Sponsor (\$7,500)
- Silver Sponsor (\$5,000)
- Meal/Refreshment Break Sponsor (\$5,000)
- Wi-Fi Sponsor (\$2,500)\*
- Lanyard Sponsor (\$2,500)\*
- Conference Bag Sponsor (\$2,000)\*
- Hotel Keycard Sponsor (\$2,000)\*
- Agenda At-A-Glance Sponsor (\$2,000)\*
- Ad on AAMN Website (\$1,000)
- Technology/Mobile Event - (\$2,500)\*
- Floor Decals - (\$2,000)
- Conference Pens - (\$1,000)\*
- Awards Gala (\$1,500 primary/\$500 secondary)

*\*indicates an exclusive sponsorship*

It is understood that this application will become a binding contract upon acceptance by AAMN, and incorporated into this contract are the attached terms, conditions, rules and regulations. Payable in U.S. dollars.

Total Amount \_\_\_\_\_

Choose one:

- Check     MasterCard     VISA
- AMEX     Discover

Card/Check Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Name of cardholder (please print) \_\_\_\_\_

Signature of cardholder \_\_\_\_\_

Cardholder Address (if different) \_\_\_\_\_

**Return signed contract along with payment to:**

American Association for Men in Nursing  
3655 W Anthem Way, Ste A109  
Anthem, Arizona 85086

If paying by credit card, fax the completed form to 623-551-1306 or email info@aamn.org.