

ATLANTA GA • APRIL 15-17, 2020

# AAPACN

## 2020 CONFERENCE

Year of the Nurse

### THREE WAYS TO SUBMIT YOUR CONTRACT

**email** trimpley@AAPACN.org

**fax** 303.758.3588

**mail** 400 S. Colorado Blvd., Ste. 600  
Denver, CO 80246

### QUESTIONS?

Contact Tamara Rimpley

📞 1.800.768.1880, ext. 301

📠 303.912.7436

✉ trimpley@AAPACN.org

### EXHIBIT BOOTH FEES INCLUDE

- 10' x 10'
- 8' high back wall and 3' high side
- Drape
- 7" x 44" one-line ID sign
- Carpeted exhibit hall
- Two name badges

### EXHIBIT HOURS

(Additional optional hours may be added to this schedule)

#### Wednesday, April 15:

6:30 - 8:30 pm

#### Thursday, April 16:

6:30 - 8 am

2:30 - 4 pm

### CONFERENCE VENUE

#### Omni Hotel

100 CNN Center,  
Atlanta, GA 30303

### AAPACN STAFF USE ONLY

Date Contract Received	
Payment Received	
Booth Number Assigned	

# Official Contract

EXHIBITS | SPONSORSHIPS | ADVERTISEMENTS

CURRENT AAPACN, AANAC, OR AADNS BUSINESS PARTNER

ORGANIZATION NAME (AS IT SHOULD APPEAR ON CONFERENCE PROGRAM AND ON SIGNAGE)

EXHIBITOR CONTACT AND TITLE (ALL FUTURE MAILINGS WILL BE DIRECTED TO THE CONTACT PERSON INDICATED ABOVE)

ADDRESS

CITY STATE ZIP COUNTRY

PHONE

EMAIL ADDRESS OF EXHIBITOR CONTACT

BILLING ADDRESS (IF DIFFERENT FROM ABOVE)

CITY STATE ZIP COUNTRY

BILLING CONTACT

### PAYMENT (PLEASE RECORD TOTALS FROM REVERSE SIDE)

Exhibit Booth Total	
Representatives	
Advertising Total	
Sponsorship Total	
Grand Total	

### PAYMENT INFORMATION

CHECK (MAKE PAYABLE TO AAPACN)

REQUEST INVOICE

CREDIT CARD

VISA

MASTERCARD

AMERICAN EXPRESS

CARD NUMBER

EXPIRATION DATE

SECURITY CODE

NAME OF CARD

SIGNATURE

DATE

BY SIGNING BELOW, EXHIBITOR ACKNOWLEDGES THEY HAVE READ, UNDERSTOOD, AND FULLY AGREE TO ALL RULES AND REGULATIONS AS LISTED IN THE TERMS AND CONDITIONS AND WILL ABIDE BY THEM. ANY CONTRACT SENT TO AAPACN UNSIGNED BELOW WILL NOT BE ACCEPTED.

SIGNATURE

FULL TERMS AND CONDITIONS: VISIT [AAPACN.ORG/2020TERMSANDCONDITIONS](http://AAPACN.ORG/2020TERMSANDCONDITIONS)

