

AMSN

Academy of
Medical-Surgical Nurses

2019 Application for Exhibit Space
28th Annual Convention
September 26-29, 2019
Hilton Chicago
Chicago, IL

Compassion. Commitment. Connection.

AMSN Use Only

Attn: Heidi Perret
East Holly Avenue/Box 56
Pitman, New Jersey 08071-0056
Telephone: 856-256-2375
heidi.perret@ajj.com

Booth Price \$ 1950 Institutional \$ 2250 Commercial

Received _____ Booth Assigned _____
--

We hereby apply for space in the exhibit area, subject to the terms of your printed prospectus of this meeting. Please list firm name as you wish it to appear on the identification sign and in printed materials. Retain a copy for your file.

Firm Name

Street and Number

City State Zip

Telephone E-mail

Contact Web site

Signed Date

*You will be listed in the 2019 Attendee Program Book and Mobile App by Company name, address, website address and booth number.
Please make sure the above information is correct as the information will be taken directly off this application.
Email address necessary to receive confirmation packet and decorator kit.

Number of booths requested:

Choice of Booth(s) –

1st Choice	3rd Choice	5th Choice
2nd Choice	4th Choice	6th Choice

We agree that: 1) We may not receive one of our preferred choices. However, AMSN will try to make assignment in the requested area. 2) Assignment of space made by the Academy of Medical-Surgical Nurses will be considered accepted unless rejected within 14 days from the date of receipt of notification of space assignment. Once initial booth assignments are made, booths will be assigned on a first come, first served basis. 3) Payment in full is due upon receipt of confirmation. A deposit in the amount of 50% of the booth fee is requested with the application for exhibit space. 4) All provisions of the official rules and regulations, a part of the official prospectus, shall be a part of this contract.

Payment:

Number of booths requested: _____ at a cost of \$ _____
 50% minimum deposit for applications submitted prior to June 17, 2019\$ _____
 100% of booth fee with applications submitted after June 17, 2019\$ _____
 Program advertisement must be prepaid in full

<p>Payment by Check (AMSN Tax ID # 22-3141758) Mail check payable in U.S. Funds to AMSN (The remaining balance is due prior to booth setup):</p> <p>AMSN Annual Convention Postal – East Holly Ave., Box 56, Pitman, NJ 08071-0056</p> <p>Overnight Service – 200 East Holly Avenue, Sewell, NJ 08080</p> <p>856-256-2375 / Fax 856-589-7463 heidi.perret@ajj.com</p>	<p>Full Payment by Credit Card</p> <p>Visa MasterCard AMEX</p> <p>Name on Credit Card</p> <p>Credit Card Number</p> <p>Security Code Exp Date</p> <p>Charge Amount</p> <p>Credit Billing Address street # zip code</p> <p>Signature</p>
---	--