

# North Carolina Association of Nurse Anesthetists Sponsor/Exhibitor Agreement

## 2010 District I & II Meeting

January 30, 2010  
Grandover Resort  
1000 Club Road  
Greensboro, NC  
336-294-1800

## 2010 District III & IV Meeting

March 13, 2010  
Hilton Center City  
222 East Third Street  
Charlotte, NC 28202  
704-377-1500

<b>EXHIBIT FEE</b>	\$300.00 - one booth; \$500.00 - two booths	
<b>SPONSOR FEE</b>	Sponsor a Break - \$400.00	Includes (1) Booth
	Sponsor a Speaker - \$400.00	Includes (1) Booth
<b>INCLUDES</b>	(1) 8' table with 2 chairs	
<b>PAYMENT</b>	Payment must be received with application in order to reserve space.	
<b>CHARACTER</b>	<b>NCANA</b> reserves the right to decline or prohibit any exhibit or part of exhibit booth activity which in its opinion is unsuitable.	
<b>CARE OF BUILDING &amp; EQUIPMENT</b>	Exhibitors or their agents shall not injure or deface the walls, floors, carpeting or ceilings of the building or tables provided. Should any damages appear, the exhibitor is liable to <b>the hotel</b> for these damages.	
<b>INSTALLATION OF EXHIBITS</b>	Exhibitors may set up their own equipment in the spaces provided on Saturday morning before the meeting begins.	
<b>EXHIBIT HOURS</b>	0845-0905 AM break; 1105-1130 exhibits open; 1440-1500 PM break	
<b>REMOVAL OF EXHIBITS</b>	Dismantling of exhibitors' materials from booths should begin after the afternoon break or by the close of the meeting. The work and cost of removing exhibit materials from the booths will be borne by the exhibitor. Shipping arrangements must be made in advance.	
<b>CANCELLATION OF EXHIBIT SPACE</b>	Cancellation of any exhibit space 30 days before the meeting date will result in a cancellation penalty of 50% to be retained by NCANA for administrative costs. There will be absolutely no refunds two weeks before the meeting.	
<b>LIABILITY</b>	NCANA and the hotel will not be responsible for the safety of exhibits from theft, fire, damage, or other causes. The exhibitor hereby assumes responsibility for injury or damages to persons or property from any event originating from or occurring within the exhibit space assigned to the exhibitor.	

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Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Representative: \_\_\_\_\_

Additional individuals who will be attending: \_\_\_\_\_

\_\_\_\_\_

### Sponsor/Exhibitor Fees

<b>Sponsorships</b>	Sponsor Speaker	\$ 400.00	_____
	Sponsor AM Break	\$ 400.00	_____
	Sponsor PM Break	\$ 400.00	_____

- District Choice**
- I WISH TO ATTEND DISTRICT I & II
- I WISH TO ATTEND DISTRICT III & IV

<b>Exhibit</b>	One Booth Fee	\$ 300.00	_____
	Two Booth Fee	\$ 500.00	_____
	One 110 volt electrical outlet	\$ 25.00	_____

**\*Lunch is included with all registrations\***

<b>Additional Options</b>	Brochure Distribution	\$ 200.00	_____
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Total Payment \$ \_\_\_\_\_

Check Enclosed payable to NCANA

VISA     MC     AMEX

Name (as it appears on card) \_\_\_\_\_

Billing Address/City/State/Zip \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

### North Carolina Association of Nurse Anesthetists

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