

North Carolina Association of Nurse Anesthetists

Sponsor/Exhibitor Agreement

2009 District I & II Meeting

January 24, 2009

Embassy Suites

201 Harrison Oaks Blvd

Cary, NC 27513

919-677-1840

2009 District III & IV Meeting

March 14, 2009

Embassy Suites

5400 John Q. Hammons Drive NW

Concord, NC 28027

704-454-1713

EXHIBIT FEE	\$300.00 - one booth; \$500.00 - two booths	
SPONSOR FEE	Sponsor a Break - \$400.00	Includes (1) Booth
	Sponsor a Speaker - \$400.00	Includes (1) Booth
INCLUDES	(1) 8' table with 2 chairs	
PAYMENT	Payment must be received with application in order to reserve space.	
CHARACTER	NCANA reserves the right to decline or prohibit any exhibit or part of exhibit booth activity which in its opinion is unsuitable.	
CARE OF BUILDING & EQUIPMENT	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 the hotel for these damages.	
INSTALLATION OF EXHIBITS	Exhibitors may set up their own equipment in the spaces provided on Saturday morning before the meeting begins.	
EXHIBIT HOURS	0845-0905 AM break; 1105-1130 exhibits open; 1440-1500 PM break	
REMOVAL OF EXHIBITS	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.	
CANCELLATION OF EXHIBIT SPACE	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.	
LIABILITY	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

Sponsorships	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

Exhibit	One Booth Fee	\$ 300.00	_____
	Two Booth Fee	\$ 500.00	_____
	One 110 volt electrical outlet	\$ 25.00	_____

Lunch is included with all registrations

Additional Options	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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