



79TH Annual Meeting of the American Association of Nurse Anesthetists

Exhibit Dates:
August 5-7, 2012
San Francisco, CA

Booth Sizes (9' x 10')
In-line booth \$2,500
Corner booth \$2,575

Refer to page 11 for island booth pricing

FEDERAL TAX I.D.# 36-2113743

Please make checks payable to: AANA

Forward to:
SLACK Incorporated
6900 Grove Road
P.O. Box 88
Thorofare, NJ 08086
Please fax application to:
856-848-3522

Application Checklist

Have you:

- Signed the contract?
- Completed the Product Description Information?
- Included your 50% deposit?

For Office Use Only

Space Assignment # _____
 Cost of Space \$ _____
 1st Deposit Rec'd \$ _____
 Check # _____
 Description Completed _____
 Previous Exhibitor Yes No

Application for Exhibit Space

EXHIBITOR INFORMATION

Company Name _____

Street Address _____

City _____ State _____ Zip Code _____

Submitted by _____ Title _____

Telephone _____ Fax _____

Website Address _____

E-mail _____

Note: Please direct further correspondence to (if different from above) _____

Address _____

City _____ State _____ Zip _____

Signature _____

You are hereby authorized to reserve space for our use in the exhibit hall at the Annual Meeting of the American Association of Nurse Anesthetists. This application is made with the understanding that the applicant agrees to abide by all rules, requirements, restrictions and AANA, Management, the hotel/hall, or the city may especially designate regulations as set forth in this agreement. Failure to abide by such rules and regulations results in forfeiture of all monies paid or due Management under terms of this agreement.

PAYMENT INFORMATION

The applicant agrees to pay 50% of the rental fee with this application. The remaining 50% is due on April 2, 2012. No exhibitor may assign, sublet the whole or any part of the space allotted, nor exhibit therein any goods other than manufactured or handled by the exhibitor in the regular course of business. All booth space must be paid in full on or before May 1, 2012. If assigned space is not paid for in full by the specified date, it may be reassigned to another exhibitor. If space is purchased after April 2, 2012, the full amount of the booth is due with your application. Booth fee must be paid in full or set-up will not be permitted.

Enclosed is my check payable to "AANA" paid in U.S. dollars, drawn on a U.S. Bank
(See mailing instructions to left).

Please bill my: Visa MasterCard American Express Amount \$ _____

Account Number _____ Exp. Date _____ 3-4 Digit Security Card _____

Name on Card _____ Signature _____

(please print)

EXHIBIT SPACE

1. Please list six choices of exhibit space. Because many firms will apply for the same space, please do not concentrate your choices in one area.
2. Total number of booths requested:
3. Choices: Management reserves the right to rearrange the floor plan or relocate booths.

1.	2.	3.	4.	5.	6.
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Booth # _____

Cost \$ _____

4. All booths will be equipped with 8' backdrop and 3' side drape. The basic rate includes: guard security, daily cleaning of aisles, general lighting, ventilation, heat, a 44" x 7" two-line sign, pre-registration for exhibit personnel and an exhibit listing in the AANA Official Program and Exhibitor Directory.

5. List any exhibitor you wish to be near _____

6. List any exhibitor you *do not* wish to be near _____