



Nursing2009 Annual Symposium □ May 6 – 10, 2009
 Coronado Springs Resort – Orlando, FL

2009 APPLICATION FOR EXHIBIT SPACE

Nursing2009 Symposium
 c/o Anthony J. Jannetti, Inc.
 East Holly Avenue / Box 56
 Pitman, NJ 08071-0056
 Telephone – 856-256-2375
 Fax – 856-589-7463
 E-mail – nsg_exhibits@ajj.com

Booth Fees	
Commercial	\$ 2,300
Recruitment/Association	\$ 2,000

NSG Symposium Use Only	
Booth Assigned	_____
Received	Price _____
Deposit Rcd	Ck No _____

We hereby apply, subject to the terms of your printed prospectus and rules and regulations of this meeting for space in the exhibit area, as follows:

<p>A. Program Book Information (Please complete the following information as it should appear in the Program Book.):</p> <p>Company Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Main Phone Number _____ Main Fax Number _____</p> <p>Customer Service E-mail _____</p> <p>Web site _____</p>	<p>B. Mailing Information (Please complete personal E-mail, contact name, phone, and fax. The remaining information only needs to be completed if different than Section A.):</p> <p>Contact Name _____</p> <p>Company Name _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone/Fax _____</p> <p>Contact E-mail (required for receipt of exhibit updates and decorator kit) _____</p>
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C. Product Description: Please provide an optional 50-word description of your exhibit display and products that will be included in the Symposium Program. Copy exceeding this limit will be edited. Write-ups must be submitted no later than March 27, 2009 to be included within the Program. Please e-mail your write-up to nsg_writeup@ajj.com.

D. Choice of Booth(s): (Give at least six choices)

1st Choice _____ 3rd Choice _____ 5th Choice _____

2nd Choice _____ 4th Choice _____ 6th Choice _____

Number of Booths Requested: _____ Size of Island Space Requested: _____

If possible, **do not** assign us space near: _____

We agree that we may not receive one of our preferred choices. However, Nursing2009 Symposium will try to make assignments in the requested area. Assignment of space made by the Nursing2009 Symposium will be considered accepted unless rejected, in writing, within seven 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. Payment in full is due upon receipt of confirmation. A deposit in the amount of 50% for each exhibit space is required with application for exhibit space. **Applications submitted after February 22, 2009 must be accompanied by payment in full.** All provisions of the official rules and regulations as published in the official prospectus shall be part of this contract.

E. Payment Information / Optional Enhancements to Exhibit Space:

Number of booths or island size requested: _____ at a cost of \$ _____

50% minimum deposit for application submitted prior to February 22, 2009..... \$ _____

100% of booth fee with applications submitted after February 22, 2009..... \$ _____

_____ Advertising space in the Official Nursing2009 Symposium Program (see details within exhibit prospectus)..... \$ _____

_____ Sponsorship Option (see details within exhibit prospectus) \$ _____

TOTAL PAYMENT ENCLOSED \$ _____

<p>F. Payment by Check (LWW Tax ID No. 13-2932696) Mail check payable in U.S. Funds to (The remaining balance is due by February 22, 2009): <i>Nursing2009 Symposium</i> <i>c/o Anthony J. Jannetti, Inc.</i> Postal - Box 56, Pitman, NJ 08071-0056 UPS/Overnight Service – 200 East Holly Avenue, Sewell, NJ 08080 856-256-2375 / Fax 856-589-7463</p>	<p>G. Full Payment by Credit Card (LWW Tax ID No. 13-2932696)</p> <p><input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard</p> <p>Name on Credit Card _____</p> <p>Credit Card Number _____</p> <p>Charge Amount _____</p> <p>Expiration Date _____</p> <p>Signature _____</p>
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