

STN Exhibitor Contract & Sponsorship Agreement

TraumaCon 2017



Company Information

Company Name (Name will be published exactly as shown)

Business Address

City State/Province ZIP

Phone Number Company Email Address Web site

Primary Contact Name* Primary Contact Telephone

Primary Contact Email Address

Organization Contact (if different from above) Email Address

Booth Number Preference (see www.traumanurses.org/2017sponsorship for available booths)

* A separate conference registration form and a Commercial Support Agreement along with a request for a company description and logo will be distributed to the Primary Contact upon receipt of the agreement. The dated and signed Commercial Support Agreement must be returned along with your company description & logo.

Payment Information

It is understood that this application will become a binding contract upon acceptance by STN, and incorporated into this contract are the attached terms, conditions, rules and regulations. Payable in U.S. dollars.

Authorized Applicant Signature Print Name Date

Total Amount

Choose one: Check MC VISA AMEX Discover

Card Number Expiration Date

Name of cardholder (please print) Signature of cardholder

Cardholder Address (if different from above)

Return signed contract along with payment to:

Society of Trauma Nurses, 446 East High Street, Suite 10, Lexington, KY 40507
If paying by credit card, fax the completed form to 859-271-0607 or email to info@traumanurses.org.

Exhibit Space

Standard Booth Rate

\$1425 8'x8' booth

Sponsorship Opportunities

Conference Pens

SOLD

Pocket Program

SOLD

Conference Syllabus

\$2,500 Sponsorship (exclusive)

Water Bottle

SOLD

Technology Sponsor

\$3,000 Sponsorship (exclusive)

Attendee Bag

SOLD

Caps & Wraps

SOLD

Attendee Hotel Room Drop

\$1,000 Sponsorship (two available)

Registration Bag Insert

\$1,000 Sponsorship

Additional Exhibitor Registrations

Exhibitors may purchase additional name badges for representatives to participate at a discounted rate.

A separate registration form will be distributed upon receipt of the agreement.

Cancellation of rented booth space by January 23, 2017 will result in a \$250 release fee. If cancellation is made after January 23, 2017, STN will not refund the booth rental fees.

Cancellation of exhibit space must be directed in writing to: STN Headquarters, 446 East High Street, Suite 10, Lexington, KY 40507 or via email at info@traumanurses.org.

Booth space will not be assigned without full payment.

Questions?

STN is interested in your sponsorship ideas and is willing to work with you to create a situation of mutual benefit. Contact Ben Swartz, Convention Director, at 859-977-7456; bswartz@traumanurses.org. For complete conference details visit www.traumanurses.org.