

SPONSORSHIP COMMITMENT FORM

Organization _____

Contact _____

Address _____

City, State, Zip _____

Email _____

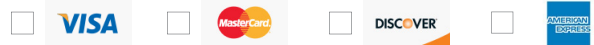
Phone _____

PLEASE SEE PREVIOUS PAGES FOR SPONSORSHIP DETAILS

- Induction Soiree _____ \$35,000
- Continental Breakfast _____ \$20,000
- Living Legend Ceremony _____ \$20,000
- Keynote Speaker _____ \$15,000
- New Fellow Orientation _____ \$15,000
- INL VIP Speaker Luncheon Series _____ \$10,000
- Living Legends Ceremony _____ \$10,000
- Welcome Healthy Break _____ \$10,000
- Interactive Panel Presentations _____ \$10,000
- E-Posters _____ \$8,000
- Healthy Break _____ \$8,000
- New Fellow Recognition _____ \$7,500
- Conference Lounge _____ \$5,000
- Soiree Table _____ \$2,000
- Affiliate Receptions _____ \$1,500
- General Conference Sponsorship _____ \$1,000

PAYMENT METHOD

- Please Invoice Me (net due 30 days from invoice date)
- Check Enclosed - made payable to the American Academy of Nursing
- Pay via Credit Card - complete the form below



Credit Card Number _____

Expiration Date _____

Name on Card _____

Security Code _____

Total Amount of Sponsorship \$ _____

Signature _____

**Submit completed form
by September 9, 2022**

SUBMIT TO:

Elena Dixon, Senior Events Manager
E-mail: edixon@aannet.org

American Academy of Nursing 1000
Vermont Ave NW, Suite 910
Washington, DC 20005

ADVERTISING COMMITMENT FORM

Organization _____

Address _____

Email _____

Contact _____

City, State, Zip _____

Phone _____

PROGRAM BOOK

Conference Program

Virtually distributed to all registered attendees.

Commemorative Program

Printed for in-person attendees and virtually distributed to the public.

AUTHORIZATION

The American Academy of Nursing is hereby authorized to insert our advertisement(s) in the publications indicated above, in accordance to the Virtual Conference Program and Commemorative Program advertising schedules. This contract cannot be canceled after the ad copy deadline. The Academy is not responsible for any loss or damage sustained due to any misprint in an advertisement or the failure of an advertisement to appear in Academy publications; in such event, the advertiser's remedy is limited to recovery of the amount paid for the publication of the ad.

Authorized Signature _____

Date _____

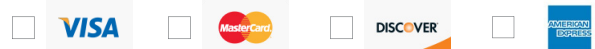
Print Name _____

Title _____

AD (W X H)	ONE PROGRAM	BOTH PROGRAMS
Quarter Page (3.75" x 5")	<input type="checkbox"/> \$1,900	<input type="checkbox"/> \$3,300
Half Page (7.75" x 5")	<input type="checkbox"/> \$2,600	<input type="checkbox"/> \$4,600
Full Page (7.75" x 10.25")	<input type="checkbox"/> \$3,600	<input type="checkbox"/> \$6,500
TOTAL AMOUNT OF ADVERTISING	\$ _____	

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Washington, DC 20005

EXHIBITOR COMMITMENT FORM

Organization _____

Address _____

Email _____

Contact _____

City, State, Zip _____

Phone _____

EXHIBITOR INFORMATION

Company Name (as it will appear in the conference program)

COMPANY DESCRIPTION

(Please limit description to 50 words or less.)

The Academy reserves the right to edit all copy submitted. This information is used as a part of the application review process and must be completed at the time of submission. This description will be included in the Onsite Program and the Conference App.

EXHIBIT BOOTH STAFF

Name _____

Title _____

Email _____

Phone _____

PAYMENT

Exhibit Booth - \$2,000

Total Amount \$ _____

RULES AND REGULATIONS

The undersigned agrees to abide by all rules, requirements, restrictions and regulations as set forth in this prospectus or as may be specially designated by the American Academy of Nursing.

TERMS

Said organization agrees to pay 100% of all fees, no later than September 23, 2022.

Date _____

Print Name _____

Title _____

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American Academy of Nursing

Pay via Credit Card - complete the form below

VISA

MasterCard

DISCOVER

AMERICAN EXPRESS

Credit Card Number _____

Name on Card _____

Expiration Date _____ Security Code _____

Signature _____

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E-mail: edixon@aannet.org

American Academy of Nursing
1000 Vermont Ave NW, Suite
910 Washington, DC 20005

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