

# SPONSORSHIP COMMITMENT FORM

Organization \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

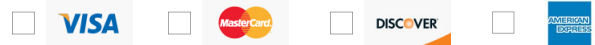
Phone \_\_\_\_\_

## PLEASE SEE PREVIOUS PAGES FOR SPONSORSHIP DETAILS

- Induction Soiree \_\_\_\_\_ \$35,000
- President's Circle Reception \_\_\_\_\_ \$20,000
- Name Badge \_\_\_\_\_ \$20,000
- Conference Bags \_\_\_\_\_ \$20,000
- Inductee Welcome Reception \_\_\_\_\_ \$15,000
- 2020 Fellows Reception \_\_\_\_\_ \$12,000
- New Fellow Breakfast \_\_\_\_\_ \$12,000
- Conference Wi-Fi \_\_\_\_\_ \$10,000
- Welcome Healthy Break \_\_\_\_\_ \$8,000
- Interactive Panel Presentations \_\_\_\_\_ \$7,500
- Conference Lounge \_\_\_\_\_ \$7,500
- New Fellow Recognition \_\_\_\_\_ \$6,000
- Digi Break \_\_\_\_\_ \$5,000
- Healthy Break \_\_\_\_\_ \$5,000
- Soiree Table \_\_\_\_\_ \$2,000
- Affilitate 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 3, 2021**

## SUBMIT TO:

Elena Romick, Senior Events Manager  
E-mail: [eromick@aannet.org](mailto:eromick@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 \_\_\_\_\_

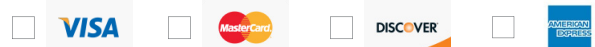
Print Name \_\_\_\_\_

Title \_\_\_\_\_

AD (W X H)	ONE PROGRAM	BOTH PROGRAMS
Quarter Page (3.75" x 5")	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$2,200
Half Page (7.75" x 5")	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,800
Full Page (7.75" x 10.25")	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$5,800
<b>TOTAL AMOUNT OF ADVERTISING</b>	\$ _____	

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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)

\_\_\_\_\_

## EXHIBITOR FORMAT

Please indicate if you plan to attend your booth in-person and virtually.

In-Person

Virtual

## 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 - \$1,500

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 17, 2021.

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

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American Academy of Nursing

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VISA

MasterCard

DISCOVER

AMERICAN EXPRESS

Credit Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

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