

Application Contract for 2008 AAHFN Annual Meeting

Important: please print or type this application

1. **Company:** _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Telephone: _____ Fax: _____ E-mail: _____

2. Contractor Information

In order for the contractor handling your decorating needs to receive an Exhibitor Services Manual, provide the following information if applicable:

Name: _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Telephone: _____ Fax: _____ E-mail: _____

Method of Payment:

Check enclosed (payable to AAHFN)
 AAHFN • 15000 Commerce Parkway, Suite C • Mt. Laurel, NJ 08054
 Total amount of check: \$ _____
 Credit Card
 AMEX VISA MasterCard

Card Number _____
 Expiration Date _____
 Cardholder's Name _____
 Signature _____
 Total amount to be charged: \$ _____

3. Total number of booths: _____ 4. Booth Type: Inline (\$2,500) Corner (\$2,500) 8x20 (\$4,500) Non-Profit (\$500)

5. Principal products to be displayed:

Books Instruments Equipment Pharmaceuticals Other: _____

6. Preferred locations (we understand and recognize that the assignment of space is at the sole discretion of AAHFN)

1st _____ 3rd _____ 5th _____
 2nd _____ 4th _____ 6th _____

7. Competitors you do NOT wish to be near:

8. Companies you would like to be near:

9. **Company Product Description:** Please provide 2-3 sentences with a description of your company's services and/or products to be included in the official program book. Please forward via e-mail your description to the exhibit manager at mweiner@ahint.com by April 15, 2008, to ensure inclusion in the final program.

For Official Use Only
Date Received: _____
Booth Assigned: _____
Cost of Booth: \$ _____
1st Deposit Required: \$ _____
Payment Method: _____
Balance Due: \$ _____
2nd Deposit Required: \$ _____
Payment Method: _____

<ol style="list-style-type: none"> Assignment of space made by AAHFN will be considered as accepted unless rejected in writing and received by AAHFN management with 14 days from the date of receipt of notification of space assignment. The undersigned agrees to pay 50 percent of the rental fee with this application either by check made payable to AAHFN or credit card. The remaining balance of 50 percent is due on or before May 2, 2008. Applications and/or product descriptions received after April 15, 2008, will NOT be listed in the official program. No exhibitor may assign, sublet the whole or any part of space allotted, nor exhibit therein any goods other than those manufactured or handled by the exhibitors in the regular course of this business. The contracting exhibitor agrees that any cancellation must be in writing and that booth fees will not be refunded on or after April 30, 2008. Cancellations prior to April 30, 2008, will be refunded minus an administrative fee of \$150. The undersigned agrees to abide by all the conditions, rules and regulations for exhibitors set forth in this Exhibitor Prospectus for the AAHFN Annual Meeting Congress in which conditions, rules and regulations are incorporated herein as part of this contract.
Name: _____
Signature: _____

SPONSORSHIP APPLICATION & CONTRACT

Company Information

Company Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone _____ Toll-Free Phone _____ Fax _____
 Contact Name _____ Email _____ Website _____

Payment Information

AAHFN TAX ID NUMBER: 20-0685642
 Full payment must accompany all applications.
 Applications submitted after June 1, 2008 are non-refundable.
 MAKE CHECKS PAYABLE TO AAHFN IN U.S. FUNDS
 Mail checks, application and order form to:
 AAHFN
 15000 Commerce Parkway, Suite C • Mt. Laurel, NJ 08054
 Attn: Heather Petet, Executive Director

Amount Paid: \$ _____
 Check (enclosed) MasterCard Visa Amex

Credit Card Number _____

Expiration Date _____

Name (as it appears on card) _____

Signature _____



SPONSORSHIP ORDER FORM

Thursday Activities

Symposia & Workshops (90 minutes)

Morning Symposium or Workshop 1	\$45,000
Morning Symposium or Workshop 2	\$45,000
Afternoon Symposium or Workshop 1	\$75,000
Afternoon Symposium or Workshop 2	\$75,000
Grand Opening Reception	\$30,000
Motivational Address	\$10,000

Friday Activities

Symposia & Workshops (60 minutes)

Breakfast Symposium 1	\$65,000
Breakfast Symposium 2	\$65,000
Dinner Symposium 1	\$90,000
Dinner Symposium 2	\$90,000

Morning and Afternoon Tracks	\$10,000
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Track _____
 Write title of track here _____

Breaks	\$6,000
Poster Presentation & Meet the Faculty Reception	\$20,000
Presidential Address	\$10,000

Saturday Activities

Symposia & Workshops (60 minutes)

Breakfast Symposium 1	\$65,000
Breakfast Symposium 2	\$65,000
Keynote Address	\$15,000
Breaks	\$6,000
Closing Session	\$15,000

A la Carte Opportunities

Nurse Scholarships
 _____ Nurses x \$1,000.00 = \$ _____

Conference Bag Literature Inserts	\$1,000
Seat Drops	\$2,000
Popcorn or Cookie Break	\$2,000
Pedometers	\$2,500
Pens	\$3,000
Chilled Coffee Station	\$3,000
Highlighter Pens	\$4,000
Meeting Notebooks	\$5,000
Faculty Amenities	\$5,000
Room Key	\$7,500
Bottled Water Station	\$7,500
Neck Wallet Badge Holders	\$7,500
Aisle Signs	\$10,000
Cyber Cafe	\$10,000
Plasma Television	\$10,000
Lunch	\$10,000
Conference Bags	\$15,000
Program Guide	\$20,000
Preliminary Program/Registration Brochure	\$25,000

Program Guide Advertisement

Base Full Page Ad	\$1,800
Inside Front Cover	\$2,000
Inside Back Cover	\$2,000
Back Cover*	\$2,500

*Availability based on Program Guide Sponsorship

Affiliate Meeting/Function Space

If your company is interested in hosting an unofficial event, please contact AAHFN Headquarters.

Contact Heather Petet for additional information.
 Phone: 856-642-4422 Email: hpetet@ahint.com