



AAPPN 2020 Annual Conference Exhibitor Contract

The Association of Advance Practice Psychiatric Nurses (AAPPN) is hereby authorized to reserve space for my/our exhibit at the 2020 Annual Conference on November 7 and 14, 2020. The conference will be held virtually via Zoom.

I. EXHIBITOR INFORMATION:

Company/Organization: _____

Contact Person: _____

Mailing Address: _____

City	State	Zip
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Phone: _____ Fax: _____

Email: _____

Website: _____

PURPOSE OR PRODUCT DESCRIPTION:

II. EXHIBIT REQUEST

COST (all fees are due with completed application):

- Private companies and organizations: \$850.
- Nonprofit organizations and government agencies: discounted rate of \$400.

CANCELLATION POLICY: All cancellations must be submitted in writing. For cancellations received prior to November 1, 2020, a refund will be made, less \$50 processing fee. No refunds available for cancellations received after November 1.

III. PAYMENT INFORMATION

PAYMENT ENCLOSED:

\$ _____

METHOD OF PAYMENT:

Check (payable to AAPPN): _____ MasterCard: _____ Visa: _____

Cardholder Name: _____

Card number: _____ Exp. Date: _____ CVV: _____

IV. EXHIBITOR GUIDELINES

1. Exhibitors will receive the benefits outlined in Addendum 1.
2. Exhibitors must submit the following materials by September 21, 2020, to Kirk Roberts at kirk@aappn.org for inclusion in the email and website marketing benefits:
 - a. Short description (<50 words) of the company and/or product
 - b. Logo
 - c. Name and email or website address for participant contact
3. Exhibitors will be provided with login information for the conference.
4. On the day(s) of the conference:
 - a. Exhibitors must arrive by 9:00 a.m.
 - b. Exhibitor display name on Zoom must match the Contact Person name listed above
 - c. Exhibitors will be designated as co-hosts during the breakout session(s), in order to share their screen with participants if they desire

V. AGREEMENT AND SIGNATURE

As the representative of the company/organization above, I have read and agree to abide by all the Exhibitor Guidelines. Electronic signature acceptable. AAPPN reserves the right to refuse this application for any reason.

Submitted by: _____ Date: _____

Email this form with credit card information to kirk@aappn.org

or fax to 360-230-3294

or mail with payment to AAPPN, 1229 Cornwall Ave, Ste. 308, Bellingham, WA 98225.

Questions? Contact Kirk Roberts at kirk@aappn.org or 360-734-3166.

Day-of-event contact: Contact Kirk Roberts at 360-920-7283.