American Academy of Ambulatory Care Nursing

Many settings. Multiple roles. One unifying specialty.

EXHIBIT CONFIRMATION NOTICE
39TH ANNUAL CONFERENCE
MAY 19-22, 2014
MARRIOTT NEW ORLEANS / NEW ORLEANS, LA

Dear Exhibitor:

Thank you for submitting your application for exhibit space for AAACN's 39th Annual Conference to be held May 19-22, 2014 in New Orleans, LA. We look forward to working with you on a successful conference. Exhibits will be open on May 20th & 21st.

Exhibit Information
Please note the following information relating to your exhibit.

Confirmation Memo and Invoice - This includes your booth number, cost of space, payment received, and any balance due. **Any unpaid balances are due immediately**.

Hotel Reservations - You are responsible for making your own hotel reservations. Hotel rooms are reserved on a first-come, first-served basis. Exhibitors should plan to make arrangements as early as possible. The cut off date for reservations is April 18, 2014. Make online hotel reservations directly on the AAACN website: www.aaacn.org click Professional Development/Annual Conference then click on the Hotel & Travel tab, or phone the hotel directly at 800-654-3990. Room rates are $159 single/double per night, plus tax. **Online reservations are preferred.**

Advance Registration Form for Booth Personnel - As part of your commercial exhibit fee, complimentary exhibitor registration for three (3) personnel per 10'x10' booth is included. Additional company representatives may register for $25 each. Advance registration information must be received by Friday May 2, 2014 if your representatives are to have pre-registered badges. Kindly fill out the Exhibitor Personnel form found below, and return to **aaacnbadge@ajj.com**.

Floor plan - Please see enclosed floor plan for your booth location. Exhibits will be located in Carondelet.

Official Attendee Registration Brochure - *C*an be found online at: www.aaacn.org

Attendee Registration Mailing List - An order form to purchase the list of AAACN's attendees is included. The cost of this list is $200 and is for ***one-time*** use only, (the list does not include email addresses or phone numbers). All orders must be prepaid. All exhibiting companies will receive a pre-registration list of attendees on-site.

AAACN Additional Networking Opportunities
Networking is always an important part of the Conference. AAACN invites you and your representatives to join colleagues and friends for the following events as we celebrate ambulatory care nursing:

AAACN Opening Reception/Silent Auction –Tuesday May 20, 7:00 pm – 9:00 pm
Expect an evening of good times, hors'd'oeuvres, and great refreshments in Mardi Gras A-E
Contributions to the Auction are welcome! Contact Tom Greene for more details.

AAACN Networking Box Lunch – Wednesday May 21, 11:45 am – 1:00 pm
Join all the attendees for lunch in Mardi Gras A-E!

AAACN National Office: • *East Holly Avenue* • *Box 56* • *Pitman, NJ 08071*
856-256-2300 • *FAX 856-589-7463* • *E-mail: aaacn@ajj.com* • *website: www.aaacn.org*

2014 Confirmation Letter

Exhibit services contractor
Freeman has been selected to serve as the official service/drayage contractor. The service kit will be e-mailed to your attention shortly. All questions regarding shipping and labor should be directed to Freeman. Any questions regarding your booth needs please contact the Freeman customer service directly at 504-731-6137 or via email at FreemanNewOrleansES@freemanco.com. Please note advance shipping/drayage address, plan to have your shipment arrive no later than May 13, 2014:

Exhibiting company name, booth #
AAACN Annual Conference
c/o Freeman
905 Sams Aveneu
New Orleans, LA 70123

Booth Construction (10'x10')
AAACN will provide all exhibitors with pipe and drape, an identification sign, a 6' draped table and two (2) chairs. The exhibit area is carpeted. Exhibit spaces will not include electricity unless pre-ordered through AAACN.

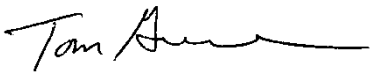
Security
AAACN will have a security guard to check badges upon entering the hall. Exhibitors must make arrangements to safeguard valuable property. AAACN is not responsible for any losses incurred by exhibitors.

AAACN Exhibitor Policies
Admission to the exhibit area is by badge only. Exhibitors will be permitted into the exhibit hall 45 minutes prior to opening and must be out of the hall within 30 minutes of closing each day. There will be no exceptions to this policy. Sales meetings and client meetings will not be permitted within the exhibit hall beyond the times outlined above.

As outlined within the exhibitor prospectus, AAACN has numerous policies regarding its exhibit hall. It is impractical to reiterate all rules and regulations here, but exhibitors are reminded to review these policies once again. All exhibitors are expected to adhere to all rules, regulations, and policies governing AAACN's Conference.

We look forward to working with you in making AAACN's 39th Annual Conference a successful event for all concerned! Please contact us if we may provide additional information. Thank you.

Sincerely,



Tom Greene
Director of Marketing
856.256.2367 / 856.589.7463 (fax)
tom.greene@ajj.com

American Academy of Ambulatory Care Nursing

Many settings. Multiple roles. One unifying specialty.

2014 Annual Conference
NEW ORLEANS, LA – MAY 19-22, 2014

***Exhibit Badges*:**

As part of your exhibit fee, you are entitled to two (3) complimentary exhibitor badges per booth (10'x10'). Additional company representatives may register for $25 each. Advance exhibitor registration information must be received no later than **May 2, 2014 in order to be pre-registered,** after this date you will need to register onsite. All additional badges must be prepaid.

Please complete, and e-mail this form to: **aaacnbadge@ajj.com**

Exhibiting Company Name: _____

Three Representatives:	**Email addresses*:**
_____	_____
_____	_____
_____	_____

* email addresses will only be used for our post-con exhibitor survey

Additional booth personnel ($25 apiece) all additional badges must be prepaid.

_____	_____
_____	_____
_____	_____

Payment by Check (AAACN Tax ID No.51-0231130)
Mail check payable in U.S. Funds to:
AAACN Annual Conference
Postal - *Box 56, Pitman, NJ 08071-0056*
UPS/Overnight Service – *200 East Holly Avenue, Sewell, NJ 08080*
856-256-2375 / Fax 856-589-7463

Full Payment by Credit Card
(AAACN Tax ID No. 51-0231130)
☐ Visa ☐ Mastercard ☐ AMEX

Name on Credit Card _____

Credit Card Number _____

Charge Amount _____

Expiration Date _____ Security Code _____

Credit Billing address street # _____ zip code _____

Signature _____

American Academy of Ambulatory Care Nursing

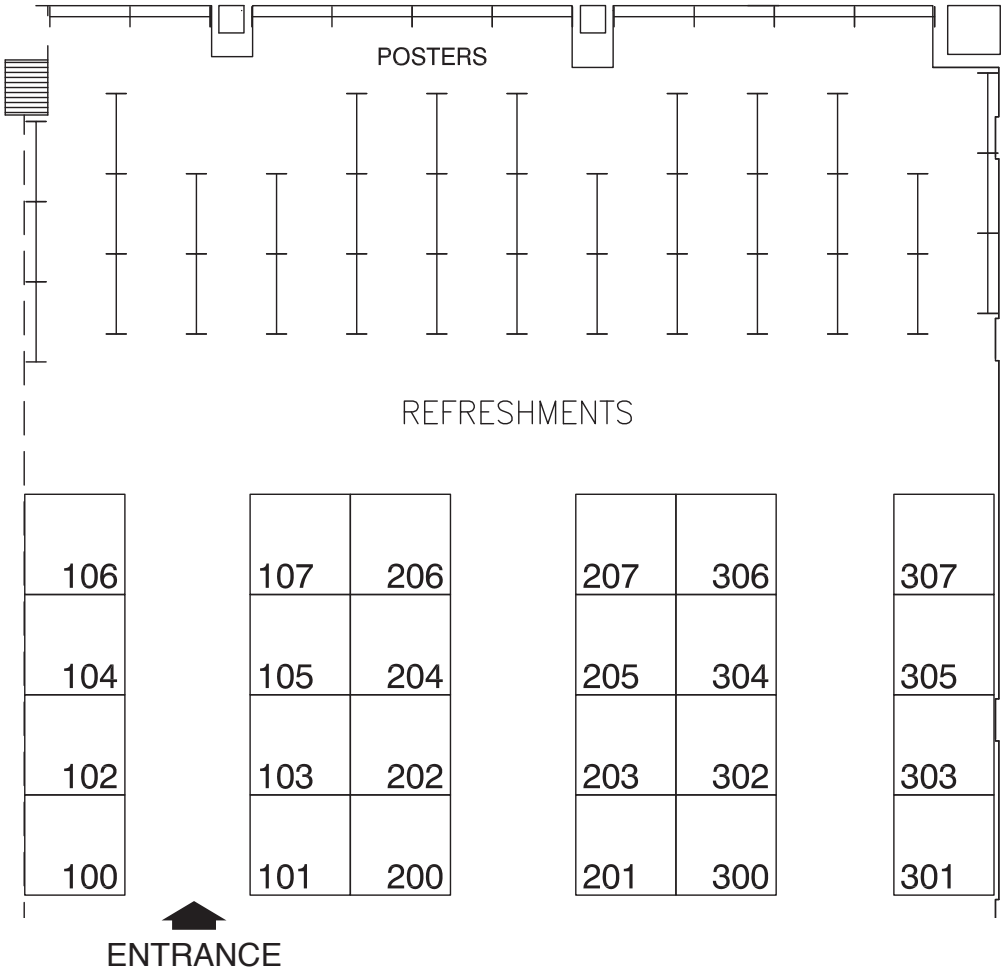
Many settings. Multiple roles. One unifying specialty.

39TH ANNUAL CONFERENCE

Conference Dates: May 19-22, 2014 – Exhibit Dates: May 21-22, 2014

Marriott New Orleans – New Orleans, LA

EXHIBIT HALL - Carondelet



2014 EXHIBIT SCHEDULE

Tuesday, May 20

Exhibits Setup
12:00 pm – 5:00 pm

Wednesday, May 21

Exhibits Open
9:15 am – 10:30 am
Coffee Break in Exhibit Area

Exhibits Open
3:00 pm – 4:00 pm
Dessert Break in Exhibit Area

Thursday, May 22

Exhibits Open
7:00 am – 8:00 am
Continental Breakfast in Exhibit Area

Exhibits Open
9:15 am – 10:30 am
Coffee Break in Exhibit Area

Exhibits Teardown
10:30 am – 2:00 pm

American Academy of Ambulatory Care Nursing

Many settings. Multiple roles. One unifying specialty.

2014 ANNUAL CONFERENCE
MAY 19-22, 2014 – NEW ORLEANS, LA
LIST OF ATTENDEES ORDER FORM

As a service available exclusively for exhibitors at this year's Annual Conference, AAACN will make its list of attendees available. The rental cost for the list is $200. NOTE: Each exhibiting company will receive one listing of attendees when they pick up their registration materials onsite as part of your booth fee.

❑ Send us a list of registrants for AAACN 39th Annual Conference. Enclosed is a copy of our mailing piece.

All lists are provided via e-mail as an Excel formatted electronic file.
Email addresses and phone numbers are not included in this list.

E-mail list to: _____

Date Requested: _____

Following are payment and shipping instructions:

Method of Payment: [ ] Check Enclosed ____ AMEX _____Visa _____Master Card

Name on Credit Card _____

$200 Per Use

Credit Card Number _____

Charge Amount $ _____ Expiration Date _____

Billing Address on card, street # _____ zip code _____

Security Code _____

AAACN Tax ID No.51-0231130

Signature _____

We understand that the list is for ***one-time*** use only. ***All orders must be prepaid***. Exhibitor agrees to use the list one-time only per the sample piece submitted.

Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ E-mail _____

Signature _____ Date _____

Any questions about the list and all correspondence should be directed to:

Heidi Perret, Marketing Coordinator
American Academy of Ambulatory Care Nursing
East Holly Avenue / Box 56
Pitman, NJ 08071-0056
856-256-2375 / Fax 856-589-7463
heidi.perret@ajj.com

LIST OF ATTENDEES * MAY 19-22, 2014

American Academy of Ambulatory Care Nursing

Many settings. Multiple roles. One unifying specialty.

Application for Attendee Registration Stuffer and Literature Display

39TH ANNUAL CONFERENCE – MAY 19-22, 2014
MARRIOTT NEW ORLEANS / NEW ORLEANS, LA

____Yes, I want to take advantage of this Special Offer!

Must be Prepaid
Cost is $500 which includes both programs - 800 promo pieces are required.
**Your materials will not be returned. We are not responsible for no-shows.

Name: _____

Company: _____

Address: _____

Phone: _____ Email _____

Signature: _____

Tuesday, May 6, 2014 is the deadline for all reservations.

All promotional materials must be no larger than 8 1/2" x 11" and must arrive no later than Tuesday May, 13, 2014. Ship materials to:

TO: AAACN Annual Conference
c/o Freeman
905 Sams Avenue
New Orleans, LA 70123
FOR: AAACN REGISTRATION MATERIALS – TOM GREENE

Also send the shipping/tracking and a sample of the flyer (.pdf is fine) to heidi.perret@ajj.com no later than Tuesday May, 13, 2014.

AAACN also accepts, VISA, MC and AMEX (*AAACN Tax ID No.51-0231130)*

____VISA _____MC _____AMEX Amount to be charged_____

Credit card # _____

Expiration Date _____ Security Code # _____

Billing address on card: street# _____zip code _____

Name on Credit Card:_____

Signature: _____

Complete the above and return with payment in U.S. dollars to:
AAACN 2014 Annual Conference
c/o Heidi Perret
East Holly Ave., Box 56, Pitman, NJ 08071
856-256-2375, fax: 856-589-7463, email: heidi.perret@ajj.com