

INDUSTRY SPONSORED NON-CE PRODUCT THEATER APPLICATION

2024 AANP NATIONAL CONFERENCE • JUNE 25-30, 2024 MUSIC CITY CENTER, NASHVILLE, TN

Please complete this application and return to Mary Michalik at mary@corcexpo.com by January 8, 2024.

APPLICANT INFORM	MATION				
SPONSORING COMPAN	Y NAME:				
CONTACT PERSON:					
MAILING ADDRESS:					
ORGANIZING COMPANY □ N/A – sponsoring comp			nizing on behalf	of the sponsoring company)	
ORGANIZING COMPANY	/ NAME:				
CONTACT PERSON:					
MAILING ADDRESS:					
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INDUSTRY-SPONSO			,		
SELECT THE PREFERR	ED DATE AND	TIME FOR YOUR IS PRO	DUCT THEATE	R:	
WEDNESDAY, JUNE 26					
BREAKFAST		LUNCH		DINNER	
Not Available		☐ Room for 350 ☐ Room for 200		☐ Room for 200 \$55,000	
THURSDAY, JUNE 27					
BREAKFAST		LUNCH		DINNER	
☐ Room for 100	\$42,000	☐ Room for 350	\$65,000	Not Available	
		☐ Room for 200	\$55,000		
FRIDAY, JUNE 28					
BREAKFAST		LUNCH		DINNER	
☐ Room for 100	\$40,000	☐ Room for 350	\$60,000	☐ Room for 200 \$45,000	
		☐ Room for 200	\$50,000		
SATURDAY, JUNE 29					
BREAKFAST		LUNCH		DINNER	
☐ Room for 100	\$35,000	☐ Room for 350	\$55,000	Not Available	
		☐ Room for 200	\$40,000		

PAYMENT INFORMATION \$ IS PT Fee: Conference Bag Insert Fee (\$5,000): **Total Amount Due: PAYMENT METHOD:** □ Credit Card ☐ Check ☐ Wire Transfer *Credit Card Processing Fee Notice: A 3% processing fee will be applied to all payments made via credit card. The Credit Card Processing Fee will be reflected on the pay portal and receipt. This fee will not be applied to payments via ACH/Direct Deposit or check. If you prefer to make payment via check, instructions are outlined on your invoice. PLEASE INDICATE BILLING RECEIPT INFORMATION FOR YOUR INVOICE: (REQUIRED) COMPANY NAME: CONTACT PERSON: MAILING ADDRESS: **SIGNATURE** COMPANY NAME: _____ PRINT NAME:

TERMS AND CONDITIONS: By submitting this application for a 2024 AANP National Conference Industry-Sponsored Non-CE Product Theater (referred to as "IS PT"), the Organizing Company and Sponsoring Company acknowledge they agree to comply with these 2024 AANP National Conference Industry-Sponsored Non-CE Product Theater contract terms and conditions. AANP reserves the right to refuse any IS PT application or proposal. Assignment options and time slots will be based on a first-come, first-served basis. AANP will continue to accept application submissions until all openings are assigned. Complete application submissions are processed in order of receipt. AANP will determine the date, time and food service of each IS PT after approval of the program for the 2024 AANP National Conference schedule. AANP does not guarantee that all seats will be filled. AANP reserves the right to change or amend any IS PT information and the conference schedule without advance notice. Send Application and full payment no later than Monday, January 8, 2024, to be considered for approval in the first round of IS PT assignments. Receipt of full payment of the IS PT fee must have occurred to receive an approval notification from AANP. If the IS PT is not approved by AANP, received payment(s) will be refunded, less fees incurred by AANP.

By submitting this Application, Applicant accepts financial responsibility in support of this IS PT. The financial responsibility includes the AANP IS PT Fee, selected optional AANP services fee(s), cost for design and graphics of IS PT announcement, IS PT signs and all other IS PT expenses incurred, such as your staff/ representative(s) time and expenses for working with AANP, speakers(s) honorarium and speaker(s) and staff/representative(s) travel and miscellaneous expenses such as optional program handouts and documents. Fees associated with IS PT payment using a third-party payer are the responsibility of the Applicant. AANP is not responsible to absorb these fees, and all rates will be adjusted accordingly. Credit Card Processing Fee Notice: a 3% processing fee will be applied to all payments made via credit card. The Credit Card Processing Fee will be reflected on the pay portal and receipt. This fee will not be applied to payments via ACH/Direct Deposit or check. If you prefer to make payment via check, instructions are outlined on your invoice.

PAYMENT INSTRUCTIONS:

AUTHORIZED SIGNATURE:

Credit Card:

Make your credit card payment using this safe payment portal

Electronic/Wire Transfer:

Contact Mike Stevens at mike@corcexpo.com for wire transfer instructions.

Check: Make checks payable to: American Association of Nurse Practitioners (AANP) P.O. Box 485 LaGrange, IL 60525-0485 AANP Tax ID: 22-2547543

DATE:

Physical Address (for express-type mail only): American Association of Nurse Practitioners c/o Corcoran Expositions - Mr. Mike Stevens 200 West Adams, Suite 1000 Chicago, IL 60606