

2009 NTI Sponsorship Application

NATIONAL TEACHING INSTITUTE & CRITICAL CARE EXPOSITION®
Morial Convention Center • New Orleans, LA • May 16-21, 2009

As an NTI exhibitor, a wide range of opportunities are available during the 2009 National Teaching Institute & Critical Care Exposition® for you to maximize participant awareness of your contributions to critical care nursing. Among the most practical and effective is sponsorship of educational sessions, conference venues & locations, special events or participant amenities.

According to the opportunity selected, sponsor recognition may include:

- Listing in the NTI Program Guide, including sponsor identification in program schedule and sponsor recognition page for those confirmed by January 2009.
- Listings in NTI ExpoGuide; NTI News, the conference daily; NTI News OnLine and AACN News.
- Special recognition on the Exhibits Page of the official conference Web site at www.aacn.org/nti.
- Recognition on I-Mag or other displays at general sessions (time and session format permitting).
- Recognition from the podium and/or on-screen logo when appropriate.
- Name and corporate logo on selected official NTI items and electronic devices as appropriate.
- Signage at the event location as appropriate.
- Priority points toward exhibit space selection at future NTIs.

To begin this process, review the options listed on the other side of this page, select those that fit best with your audience visibility plans and return the information requested below. To customize a sponsorship or explore new options, contact Randy Bauler, CEM, Corporate Relations & Exhibits Director, at 800/394-5995, ext. 366 or exhibits@aacn.org.

Return application via mail or fax to:
American Association of Critical-Care Nurses
101 Columbia, Aliso Viejo, CA 92656
Attention: Randy Bauler
800/394-5995, ext. 366 • F 949/362-2022

To Apply

YES, WE WISH TO SPONSOR THE FOLLOWING AT NTI 2009 in New Orleans:

Company Name _____

Mailing Address _____

City _____ State _____ ZIP _____

Telephone _____ Fax _____

E-mail _____

Company Rep/Title (please print) _____

Company Web site Address _____

Payment

Check enclosed payable to "AACN" - Payment amount \$ _____

AACN Federal ID #95-2706905

Charge \$ _____ to credit card

Visa MasterCard American Express

Name on card _____

Card # _____ - _____ - _____ Exp. _____

Print Name _____

Signature _____ Date _____

Thank you for your support for AACN and NTI 2009!