

# NTI 2016 SPONSORSHIP APPLICATION

Ernest N. Morial Convention Center • May 15-19



AMERICAN  
ASSOCIATION  
of CRITICAL-CARE  
NURSES

**Please send your application by fax or mail.  
Applications and payments sent via email  
may not be secure.**

American Association of Critical-Care Nurses  
101 Columbia, Aliso Viejo, CA 92656  
Attention: Exhibits Processing  
T 949/362-2050, ext. 509 • F 949/448-5560

As an NTI exhibitor, a wide range of opportunities are available during the 2016 National Teaching Institute & Critical Care Exposition to maximize participant awareness of your contributions to acute and critical care nursing. Among the most practical and effective are support of educational sessions, conference venues and locations, special events or participant amenities.

### Based on the opportunity you select, sponsor recognition may include:

- Priority points toward advance space selection for future NTI exhibits
- Listing in the NTI Program and ExpoGuide
- Listing in *NTI Voices*, *NTI Voices Online* and *AACN Bold Voices*
- Listing on the NTI website [www.aacn.org/exhibits](http://www.aacn.org/exhibits)
- Signage at events with verbal recognition where appropriate
- Opportunity for promotion in company's exhibit and marketing materials
- Until October 15, 2016, first right to renew support for next year

To begin this process, review the options listed on the Sponsorship Opportunities document. Select those that fit best with your audience and visibility plans and return the information requested.

### To customize your support or explore new options, please contact:

Randy Bauler, CEM, Corporate Relations & Exhibits Director, at  
800/394-5995, ext. 366 or [randy.bauler@aacn.org](mailto:randy.bauler@aacn.org).

FOR AACN USE

Customer # \_\_\_\_\_ Order# \_\_\_\_\_  
Sponsored Item \_\_\_\_\_  
Support Fee \_\_\_\_\_ Space Assigned \_\_\_\_\_  
Accepted for AACN by \_\_\_\_\_ Date \_\_\_\_\_

### To Apply

Yes, we wish to sponsor the following at NTI 2016 in New Orleans \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Company Website \_\_\_\_\_

*Unless otherwise specified, above postal and e-mail addresses will be used for correspondence.*

### Payment

**AACN Federal ID #95-2706905**

Check enclosed  Charge \$ \_\_\_\_\_ to credit card

Visa  MasterCard  American Express

Name on card \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. \_\_\_\_\_

I am an authorized representative of the company listed on this Sponsorship Application & Contract with the full power and authority to sign and deliver this document. The company will comply with all policies, rules, terms and/or regulations contained in the Exhibitor Prospectus and any adopted by the American Association of Critical-Care Nurses (AACN). AACN reserves the right to accept or reject this document, which does not become binding until fully executed by both applying company and AACN.

AACN must be notified in writing when an exhibitor intends to reduce or cancel its sponsorship support. Any cancellation or reduction of support received prior to February 5, 2016 is subject to payment or reimbursement of AACN's contractual obligations with 3rd party suppliers or vendors. Cancellations or reductions after February 5, 2016 are subject to full payment of the sponsored amount.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for your support of AACN and NTI 2016!**