

PCNA 31st ANNUAL CARDIOVASCULAR NURSING SYMPOSIUM SUPPORT & EXHIBITION BOOKING FORM April 10-11, 2025 / Orlando, FL

MAIN CONTACT/BILLING INFORMA	TION (required) This person will be responsible for all co	rrespondence.
Contact Name:		
*Company Name:		
Address:		
	State: Zip code:	
Contact:		
	Website:	·
*Please note this	is how your company will appear on all meeting related materic	ais —
	EXHIBITION BOOTH SPACE	
10'x10' Booth	\$2,350	
10'x20' Booth	\$4,550	
If nossible do not assign us space nos	ir.	
	nr:	
SUPF	PORT/SPONSORSHIP PROMOTIONAL OPPORTUNITIES	
Item	Price (check off item)	Total
Symposium Guide Advertising	□ \$3,000 Full-page color, back cover	
	\$2,500 Full page color, inside front cover	
	☐ \$1,500 Full-page color☐ \$1,000 Full-page black & white	
Free Standing Meter Boards	\$1,200 (each) x	
Insert in Attendee Tote Bags	\$1,000 per piece	
Advertising in At-Show Attendee Email	\$1,000	
Ancillary Meeting Space	\$1,500	
Lanyards (exclusive)	\$3,500	
Charging Station (exclusive)	\$5,000	
Hotel Key Cards (exclusive)	\$5,000	
Tote Bags (exclusive)	\$5,000	
Tote Bag Insert	\$1,000 per piece	
Web App Sponsorship (exclusive)	\$5,000	
Refreshment Breaks	\$3,000+ (contact Miriam Martin for more information)	
WiFi (exclusive)	\$8,000	
Advisory Board Meeting	\$15,000	
TOTAL AMOUNT		
	•	·
PAYMENT		
$\hfill\Box$ Payment will be made by check, pl	ease forward me a final confirmation/invoice.	
$\hfill\Box$ Payment will be made by credit ca	rd, please forward me information to complete my payme	nt in a secure format.
_	5 credit card fee on all transactions, will be reflected on your receipt.	
•	as (listed in this support and exhibition prospectus) and agree to	
тиизи у рагистраноп ас те теенпд. I am (authorized to sign this form on behalf of the applicant/company.	
Signature (required)	Date:	