

# JOIN US AS AN EXHIBITOR!

OAAPN Statewide Conference

October 20–22, 2016 | Hyatt Regency, Downtown | Columbus, Ohio



Share your products and services with more than 600 of Ohio's Advanced Practice Registered Nurses. These APRNs:

- Purchase and recommend administrative and medical products and services.
- Come from all specialties and purchase scrubs, medical supplies and other nursing-specific items.
- Seek products and services that enhance their personal lives, from jewelry to books to personal care products.



**COST:** A tabletop exhibit is \$800 if purchased before September 1 or \$900 if after September 1. You will receive one 6 foot draped table and two chairs and access to an electrical outlet.

**LOCATION:** This year all exhibits are located in the main reception and meal space where all attendees will gather.

**EXHIBIT HOURS:** Thursday, October 20 from 5–8pm during our opening reception AND Friday, October 21 during breakfast and morning breaks. Tear down on Friday begins at 1pm.

**SET UP:** Thursday, October 20 from 2–5pm.

**TEAR DOWN:** Friday, October 21 after 1pm.  
We cannot accommodate an earlier tear down time.

**TO SIGN UP:** Complete the form below and return it to the OAAPN office via fax, email or US mail.



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## 2016 OAAPN STATEWIDE CONFERENCE EXHIBITOR RESERVATION FORM

COMPANY NAME \_\_\_\_\_ CONTACT NAME \_\_\_\_\_

EMAIL \_\_\_\_\_ BEST NUMBER TO REACH YOU \_\_\_\_\_

NAME OR REPRESENTATIVES WHO WILL BE ON SITE \_\_\_\_\_

PLEASE DO NOT PLACE US NEXT TO \_\_\_\_\_

PLEASE RESERVE AN EXHIBIT SPACE FOR OUR COMPANY  PLEASE CHARGE MY CREDIT CARD \$ \_\_\_\_\_

ENCLOSED IS MY CHECK FOR \$ \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

BILLING ZIP CODE \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

Return this form to OAAPN, 17 S. High Street, Suite 200, Columbus, Ohio 43215  
or fax to 614-221-1989 or email to [info@oaapn.org](mailto:info@oaapn.org)

# SPONSORSHIP OPPORTUNITIES

OAAPN Statewide Conference

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## CONFERENCE BAGS | \$2,500

All conference attendees will receive one of these coveted large insulated bags, with your logo prominently displayed. This will be a frequently used item even after attendees return home. Your name and logo will also appear in the program.

## NAMEBADGE HOLDERS | \$2,500

Your logo will appear on the lanyard “around the neck” of everyone attending the conference. All conference attendees are issued a badge and holder to wear during the three days of the conference. Your name and logo will also appear in the program.

## “QUICK CHILL” TOWEL | \$3,000

For a quick way to cool off when exercising, working outdoors or cheering on your team, the CoolFiber towel is the way to go. It is washable and reusable, and with an imprint of your logo you will gain brand awareness with every use.

## SPECIAL GIVEAWAY IN BAGS | \$1,000

Provide a logoed giveaway that each registrant will receive in their conference bag (need up to 750 items and item size must be approved by OAAPN conference committee). Your company name and logo will appear in the program.



## CONFERENCE PROGRAM ADVERTISING

### FLORENCE NIGHTINGALE

Includes a full-page, color ad; company name and logo on sponsor list. You may also provide product samples or marketing materials for attendee conference bags. Size must be approved by OAAPN conference committee.

**FULL PAGE AD | \$1,000**

**BACK COVER | \$1,500**

**INSIDE FRONT COVER | \$1,500**

### CLARA BARTON | \$500

Half-page ad; company name and logo included in sponsor list.

### DR. LORETTA FORD | \$250

Quarter-page ad; company name and logo included in sponsor list.

[Ad specs available here.](#)

## 2016 OAAPN STATEWIDE CONFERENCE SPONSOR OR ADVERTISING FORM

COMPANY NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

BEST NUMBER TO REACH YOU \_\_\_\_\_

I AM INTERESTED IN THE FOLLOWING SPONSORSHIP OPPORTUNITIES:

- CONFERENCE BAGS | \$2,500
- NAMEBADGE HOLDERS | \$2,500
- “QUICK CHILL” TOWEL | \$3,000
- SPECIAL GIVEAWAY IN BAGS | \$1,000

- FLORENCE NIGHTINGALE
  - FULL PAGE | \$1,000
  - BACK COVER  INSIDE COVER | \$1,500
- CLARA BARTON | \$500
- DR. LORETTA FORD | \$250

ENCLOSED IS MY CHECK FOR \$ \_\_\_\_\_

PLEASE CHARGE MY CREDIT CARD \$ \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

BILLING ZIP CODE \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

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