

NEANA Spring Meeting 2018

April 6 – 8, 2018
Boston Burlington Marriott

Why Exhibit at NEANA

The NEANA Spring Meeting is the premier education event for New England CRNAs. Attending this event will provide you with the opportunity to showcase your products and services, build relationships and educate healthcare professionals from around the region.

Registration

All exhibit personnel must be registered. Registration cannot occur without full payment of the exhibit fees. Two badges are provided for each tabletop exhibit and entitle those persons to educational sessions.

Exhibitor Setup & Hours

Exhibit hours:

- Friday, April 6th 7:00 AM 6:00 PM
- Saturday, April 7th 7:00 AM 6:00 PM

Exhibits may be set up as early as Friday, April 6th at 6:00 AM. Exhibits must be set up by 7:00 AM on Saturday, April 7th. Exhibits may remain set up until 8:00 PM on Saturday, April 7th.

Exhibit Table Information

All exhibits are tabletop only unless prior-approved by the planning committee. All tables will be 8-foot, draped and skirted with 2 chairs. Please contact stephanie.sylvia44@gmail.com if you have any special requirements.

Assignment of Space

Space will be allocated at the discretion of the planning committee with due regard to the group of exhibitors and the tier upon which the exhibitor chooses. Space is limited to 20 tabletop exhibits.

Cancellations

Cancellation by any exhibitor will not be accepted unless written notice of such withdrawal has been received not later than fourteen (14) days prior to the meeting. Any exhibitor who withdraws after the said time allowed for withdrawal shall pay to NEANA, as liquidated damages.

Irregular Activities

No person, firm or organization that has not regularly paid to sponsor or exhibit with the NEANA Spring Meeting will be permitted to distribute advertising or other materials without invitation. No exhibitor may call or invite a visitor out of one of the exhibits and into his own. Exhibitors must remain within their own exhibit space in distributing literature, product samples, or other materials.

Accommodations

Boston Marriott Burlington One Burlington Mall Road Burlington, MA 01803

Be sure to mention the booking name of NEANA to secure the best rate.



Exhibit & Sponsorship Opportunities

Silver Exhibitor	Gold Exhibitor	Platinum Exhibitor
\$500	\$750	\$1,000
 Skirted and draped exhibit table w/ 2 chairs Two representatives Two name badges Verbal recognition during the Saturday NEANA Business Lunch 	 Skirted and draped exhibit table w/ 2 chairs Two representatives Two name badges Verbal recognition during the Saturday NEANA Business Lunch High visibility exhibit location Logo on presentation board throughout the meeting 	 Skirted and draped exhibit table w/ 2 chairs Two representatives Two name badges Verbal recognition during the NEANA Business Lunch Two minute opportunity to present your company during the Saturday NEANA Business Lunch High-visibility exhibit location Logo on slideshow during breaks and between lectures Logo on presentation board throughout the meeting

Additional Sponsorship Opportunities:

- NEANA College Bowl Cash Bar (\$100): Network with nurse anesthetists and nurse anesthesia students in the Exhibitor ballroom. Company logo on cash bar during the event. Verbal recognition at the event. There is an option to distribute drink tickets at the event for an additional cost per Marriott policies.
- NEANA Saturday Evening Meet & Greet (\$2,000): Connect with nurse anesthetists at Chopps
 American Bar & Grill. High visibility with company logo on each table during the event. Verbal
 recognition and 2-minute introduction given at the event.

FRIDAY, APRIL 6

7:30 – 8:30 AM	Registration & Breakfast
8:30 – 9:30 AM	Lectures
9:30 – 10:00 AM	Break
10:00 – 12:00 PM	Lectures
12:00 – 1:00 PM	Lunch
1:00 - 3:00 PM	Lectures
3:00 – 3:30 PM	Break
3:30 - 5:30 PM	Lectures

SATURDAY, APRIL 7

7:00 – 7:30 AM	Registration & Breakfast
7:30 – 9:30 AM	Lectures
9:30 - 10:00 AM	Break
10:00 – 12:00 PM	Lectures
12:00 – 1:30 PM	NEANA Business Lunch (All exhibitors must exit the room once the business
	meeting is called into session.)
1:30 - 2:30 PM	Lectures
2:30 – 3:00 PM	Break
3:00 – 5:00 PM	Lectures
5:00 – 7:00 PM	NEANA College Bowl
7:00 PM	NEANA Meet & Greet at Chopps American Bar & Grill

SUNDAY, APRIL 8

7:00 – 7:30 AM	Registration & Breakfast
7:30 – 9:30 AM	Lectures
9:30 – 10:00 AM	Break
10:00 - 1:00 PM	Lectures

New England Assembly of Nurse Anesthetists Spring Meeting 2018

Exhibitor Registration & Payment Form

Selections (choose one):				
	Silver Exhibitor (\$500)			
	Gold Exhibitor (\$750)			
	Platinum Exhibitor (\$1,000)			
Additi	onal Sponsorship Opportunities:			
	NEANA College Bowl Cash Bar Sponsor (\$ NEANA Saturday Evening Meet & Greet (·		
Cont	act Information			
Contact Name & Job Title:				
Comp	any Name:			
Street	Address:	City:	State:	_ Zip:
Phone	:: Email:			

Photo Release

By registering for this program, you are giving NEANA permission to take your photograph and use it with or without your knowledge and permission on NEANA promotional materials, including but not limited to our newsletters and conference materials, social media, publications and website.

This is a two-page document. Please complete both pages and return to:

Stephanie Lankford 130 Glen Road Wilmington, MA 01887

Questions? Email stephanie.sylvia44@gmail.com

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Exhibitor Registration & Payment Form (page 2)

Com	plimentary Registrations (Note: If the contact is one of the two representatives, please list them below.)
Repre	esentative #1 Name & Job Title:
Repre	esentative #2 Name & Job Title:
Speci	ial Requests
List sp	pecific requests (EX: electrical outlet):
Payn	nent Information
	ccept payments by check and the following credit cards: Mastercard, Visa. Checks must be made NEANA. Please fill out and return the forms to Stephanie Lankford, 130 Glen Road, Wilmington, 1887.
	My check is included. (Mail completed forms with check made payable to <i>NEANA</i> to: Stephanie Lankford, 130 Glen Road, Wilmington, MA 01887.)
	Please charge my credit card (circle one): Mastercard Visa
	CC#EXP:CVV:
	Name on Card:
	Billing Address:
	Signature:
	I authorize NEANA to charge my credit card for \$ as payment for

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