

# NEANA Spring Meeting 2019



April 12 – 14, 2019

Boston Marriott Burlington  
One Burlington Mall Road  
Burlington, Massachusetts 01803

**EXHIBITOR PROSPECTUS**

# Why Exhibit at NEANA?

The NEANA Spring 2019 Meeting is the premier education event for CRNAs from New England and surrounding regions. Attending this event will provide you with the opportunity to showcase your products and services, build relationships and educate healthcare professionals from around the northeast.

## 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 entitles those persons to educational sessions.

## Exhibitor Setup and Hours

Friday, April 12      7:00 – 18:00

Saturday, April 13    7:00 – 16:00

Exhibits may be set up as early as 6:00. Exhibits MUST be completely set up by 7:00 and remain set up until program end.

## Exhibit Table Information

All exhibits are tabletop unless prior approval is obtained by the planning committee. All provided tables will be 8 foot, draped and skirted and accompanied with 2 chairs. Please contact John Oraziatti at [neanaprchair@gmail.com](mailto:neanaprchair@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 tabletops.

## Cancellations

Cancellation by an exhibitor will not be accepted unless written notice of such withdrawal has been received not later than fourteen (14) days prior to meeting. Any exhibitor who withdraws after allowed period shall be subject to full payment 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 2019 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 material.

# Exhibit & Sponsorship Opportunities

<b>SILVER EXHIBITOR</b> <b>\$500</b>	<b>GOLD EXHIBITOR</b> <b>\$750</b>	<b>PLATINUM EXHIBITOR</b> <b>\$1000</b>
<ul style="list-style-type: none"> <li>• Skirted and draped exhibit with 2 chairs</li> <li>• Two Representative admission</li> <li>• Two name badges</li> <li>• Verbal Recognition during Saturday NEANA Business Lunch</li> </ul>	<ul style="list-style-type: none"> <li>• Skirted and draped exhibit with 2 chairs</li> <li>• Two Representative admission</li> <li>• Two name badges</li> <li>• Verbal Recognition during Saturday NEANA Business Lunch</li> <li>• High Visibility exhibit location</li> <li>• Logo on presentation board throughout the meeting</li> </ul>	<ul style="list-style-type: none"> <li>• Skirted and draped exhibit with 2 chairs</li> <li>• Two Representative admission</li> <li>• Two name badges</li> <li>• Verbal Recognition during Saturday NEANA Business Lunch</li> <li>• Two minute opportunity to present your company during the NEANA business lunch</li> <li>• High Visibility exhibit location</li> <li>• Logo on presentation board throughout the meeting</li> <li>• Logo on slideshow during breaks and between lectures</li> </ul>

## Additional Sponsorship Opportunities:

NEANA Saturday Evening Meet and Greet. Connect with Nurse Anesthetists at Chopps American Bar & Grill.

Two levels of sponsorship Available:

**Premier = \$2000;** High visibility company logo on each table during the event. Verbal recognition given at the event. A two minute introduction by sponsor.

**Standard = \$1000;** Company Logo at Entrance of Lounge. Verbal Recognition given at the event.

# AGENDA

## FRIDAY, APRIL 12

7:00 – 8:00	REGISTRATION & BREAKFAST
7:30 - 9:30	LECTURES
9:30 - 10:00	BREAK / VISIT EXHIBITORS
10:00 - 12:00	LECTURES
12:00 - 13:00	LUNCH <i>(Included for Exhibitor Representatives)</i>
13:00 - 15:00	LECTURES
15:00 - 15:30	BREAK / VISIT EXHIBITORS
15:30 – 17:30	LECTURES
17:30 – 18:30	WELLNESS EVENT

## SATURDAY, APRIL 13

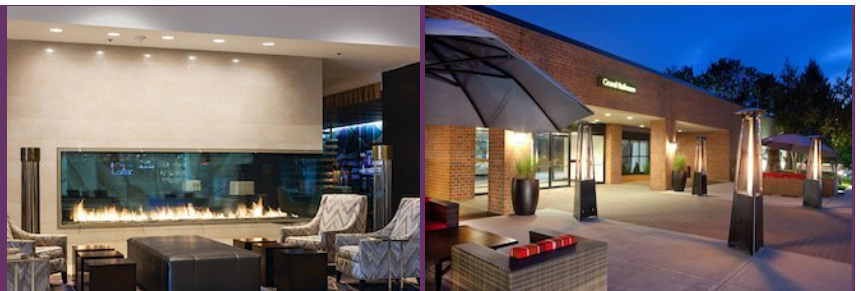
6:00 – 7:00	WELLNESS EVENT
7:00 - 7:30	REGISTRATION & BREAKFAST
7:30 - 9:00	LECTURES
9:00 – 9:30	BREAK / VISIT EXHIBITORS
9:30 – 12:00	LECTURES
12:00 - 13:30	NEANA BUSINESS LUNCH
13:30 - 15:30	LECTURES
15:30 – 16:00	BREAK / VISIT EXHIBITORS

## SUNDAY, APRIL 14

7:00 - 7:30	REGISTRATION & BREAKFAST
7:30 - 9:30	LECTURES
9:30 - 10:00	BREAK // CHECKOUT
10:00 - 13:00	LECTURES

### Accommodations

Boston Marriott Burlington  
One Burlington Mall Road  
Burlington, MA 01803



New England Assembly of Nurse Anesthetists  
Spring 2019 Meeting  
***Exhibitor Registration & Payment Form (page 1 of 2)***

**Exhibitor Level Selection (choose one)**

Silver (\$500)

Gold (\$750)

Platinum (\$1000)

**Additional Sponsorship Opportunity**

NEANA Saturday Evening Meet and Greet (\$2000 suggested)

**Contact Information**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

Street Address : \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please check if Contact is also an exhibit Representative.

**Photo Release**

By registering for this program, you are giving NEANA permission to take and use your photograph with or without consent on any 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 with payment to:

John Oraziotti  
100 Cutspring Circle  
Stratford, CT 06614

Questions? Email [neanaprchair@gmail.com](mailto:neanaprchair@gmail.com)

New England Assembly of Nurse Anesthetists  
Spring 2019 Meeting  
***Exhibitor Registration & Payment Form (page 2 of 2)***

**Exhibit Representatives** (Note: If contact is one of the two representatives only list additional person)

Representative #1 - Name & Title: \_\_\_\_\_

Representative #2 - Name & Title: \_\_\_\_\_

**Special Requests; (ex: electrical outlets)**

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

**Payment Information**

We accept payments by check or by Mastercard and VISA. Checks must be made out to NEANA.

My check is included.

Please charge my credit card. (circle one)      Mastercard      VISA

Credit Card #: \_\_\_\_\_ EXP: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address : \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature \_\_\_\_\_

I authorize NEANA to charge my credit card for \$ \_\_\_\_\_ as payment for my exhibit/sponsorship at the NEANA Spring 2019 Meeting

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