

NEANA Spring Meeting 2020



April 3-5, 2020

Boston Marriott Burlington
One Burlington Mall Road
Burlington, Massachusetts 01803

EXHIBITOR PROSPECTUS

Why Exhibit at NEANA?

The NEANA Spring 2020 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 3 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 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 2020 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

PLATINUM EXHIBITOR

\$2000

- Skirted and draped exhibit with 2 chairs
- Two Representative admission
- Two name badges
- Verbal Recognition during Saturday NEANA Business Lunch
- High Visibility exhibit location
- Logo on presentation board throughout the meeting
- **Two minute opportunity to present your company during the NEANA business lunch**
- **Logo on slideshow** during breaks and between lectures
- **Inclusion on NEANA social media**
- **Invitation to NEANA Saturday Evening Meet and Greet plus Company Logo at event.***

*NEANA Saturday Evening Meet and Greet.

Connect with Nurse Anesthesiologists at **Chopps American Bar & Grill**.

A happy hour with Nurse Anesthesiologists from across New England and surrounding areas. You will have the opportunity to mingle and discuss your products, all in a relaxed environment. Hors D'oeuvres are provided and a Cash bar will be available during the event.



AGENDA

FRIDAY, APRIL 3

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 4

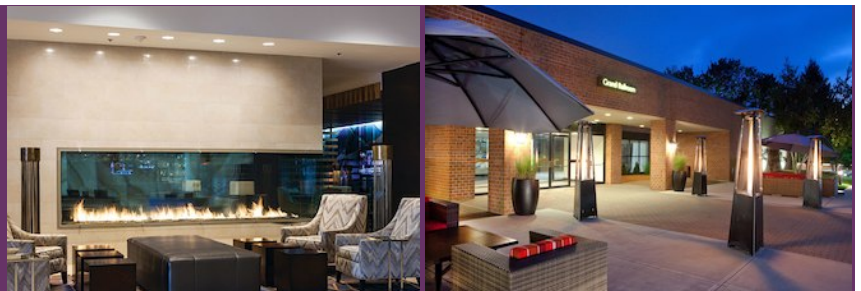
6:00 – 7:00	WELLNESS EVENT
7:00 - 7:30	REGISTRATION & BREAKFAST
7:30 - 9:00	LECTURES
9:00 – 9:30	BREAK / VISIT EXHIBITORS
9:30 – 12:00	LECTURES
12:00 - 13:30	NEANA BUSINESS LUNCH
13:30 - 15:30	LECTURES
15:30 – 16:00	BREAK / VISIT EXHIBITORS

SUNDAY, APRIL 5

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 2020 Meeting
Exhibitor Registration & Payment Form (page 1 of 2)

Exhibitor Platinum Level Registration \$2000

Contact Information

Name/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

New England Assembly of Nurse Anesthetists
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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. Online

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 2020 Meeting

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