



KENTUCKY ASSOCIATION OF NURSE ANESTHETISTS

MEETINGS SPONSOR / EXHIBITOR AGREEMENT For the KyANA Annual Fall Meeting & Scientific Program Exhibit for TWO days for ONE fee

EXHIBIT FEE	\$400.00 - one booth; \$700.00 - two booths
SPONSOR FEE	Sponsor a Break - \$700.00 <i>Includes (1) Booth</i> Sponsor a Speaker - travel expenses, room and honorarium <i>(Includes [1] Booth @ no charge)</i>
INCLUDES	(1) 8' table with 2 chairs <i>(please request electrical outlet)</i>
PAYMENT	Payment must be received 21 days prior to meeting date in order to reserve space.
CHARACTER	KyANA reserves the right to decline or prohibit any exhibit or part of exhibit booth activity which in its opinion is unsuitable.
CARE OF BUILDING	Exhibitors or their agents shall not injure or deface the walls, floors, carpeting or ceilings of the building or tables provided. When any equipment damages appear, the exhibitor is liable to THE HOTEL for these damages.
INSTALLATION OF EXHIBIT	Exhibitors may setup their own equipment in the spaces provided early on Saturday morning before the meeting begins. <i>(Friday evening setup may be arranged through special arrangements with vendor coordinator but this is NOT the norm.)</i>
EXHIBIT HOURS	Morning break; Lunch; Afternoon break <i>(see meeting brochure for specific times)</i>
REMOVAL OF EXHIBITS	Dismantling of exhibitors materials from booths should begin after the afternoon break or by the close of the meeting. The work and cost of removing exhibit materials from the booths will be borne by the exhibitor. Shipping arrangements must be made in advance.
CANCELLATION OF EXHIBIT SPACE	I understand that cancellation of any exhibit space 30 days before the meeting date will result in a cancellation penalty of 50% to be retained by KyANA for administrative costs. There will be absolutely NO refunds TWO WEEKS BEFORE THE MEETING.
LIABILITY	KyANA and the hotel will not be responsible for the safety of exhibits from theft fire, damage, or other causes. The exhibitor hereby assumes responsibility for injury or damages to persons or property from any event originating from or occurring within the exhibit space assigned to the exhibitor.



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MEETING SPONSOR / EXHIBITOR AGREEMENT APPLICATION

Company: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Name of Representative: _____

Additional individuals who will be attending _____

Electrical Needs: _____

Door Prize (if any): _____

Sponsor / Exhibitor Fee(s)

Sponsorships

- Sponsor Speaker (Travel expenses, room, honorarium)
- Sponsor AM Break \$ 700.00 _____
- Sponsor PM Break \$ 700.00 _____
- Sponsor a Workshop _____

Exhibit

- One Booth Fee - \$ 400.00 _____
- Two Booth Fee - \$ 700.00 _____

Total Enclosed: \$ _____

Please mail this form along with payment to: **KyANA, P. O. Box 23555, Lexington, KY 40523-3555**

Or fax to 859-245-0717
Phone: 859-245-0717

Tax ID #510152421

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*For office use only – Check # \_\_\_\_\_ Date Rcv'd \_\_\_\_\_ Amount \_\_\_\_\_*