



ARN is pleased to offer you the opportunity to showcase your company's products, services, or programs by conducting a seminar or product demonstration. Corporate showcase sessions are 30 minutes in length and will be held in a designated area in the exhibit hall set up in theater style for 100 attendees. Topics related to the following areas are of particular interest to rehabilitation nurses: Brain injury, diabetes care, wound/skin care, stroke, spinal cord, burns, cancer care, pulmonary disease care, organ transplant, major joint replacements, ALS, Guillain-Barre Syndrome, MS & Parkinson's care.

RULES AND REGULATIONS

Corporate showcase sessions are assigned on a first-come, first-served basis pending ARN approval. The showcase fee is **\$10,000** and must accompany your completed corporate showcase application. Showcases are only available to those who purchase an exhibit booth. The fee includes space rental and listing on onsite signage that features all corporate showcase sessions. Corporate showcases will be listed in the ARN Program Book.

Descriptive copy (limited to 50 words) must be sent to edawson@rehabnurse.org with the application.

All activities are restricted to the designated area in the exhibit hall at the Town & Country Hotel. You will be responsible for organizing your showcase. Your showcase area will be set up in theater style for 200 attendees and will include an LCD projector/screen, podium, and microphone. You are responsible for any special-need charges (e.g., catering, additional audiovisual equipment). Please note that, per convention center policy, no outside food or beverages are allowed at any meeting function.

Promotion or notification of your showcase is your responsibility. You may place a sign no larger than 28 in. by 44 in. in the registration area, at the entrance of the exhibit hall, and outside the designated area 24 hours before your showcase is scheduled to begin. You may promote your showcase through direct mail, room drop, or program book advertising for an additional fee.

Sessions are approved **after submission of the corporate showcase application form** on a first-come, first-served basis. All programs must be approved by ARN. No cancellations are accepted after space is confirmed. Payment is due upon submission.

CONTACT INFORMATION

Contact Person _____ Department _____
 Company _____
 Address _____ City/State/ZIP _____
 E-mail Address _____
 Phone Number _____ Fax Number _____
 Title of Program _____

E-mail descriptive copy (50 words or fewer) to edawson@rehabnurse.org

PAYMENT INFORMATION

You may pay by check or credit card. If paying by credit card, a 3% processing fee will be charged. Amount \$ _____
 Check # _____ Credit Card # _____ Expiration Date _____
 Credit Card Type _____ Card Holder Name _____
 Signature _____
 (For Office Use Only) Date Received _____ Time Scheduled _____ Approved _____

Return form with payment to: Mary Paulson, Manager, Professional Relations
 ARN, 8735 W. Higgins Road, Suite 300, Chicago, IL 60631 • 847.375.4803 • fax 888.374.7259 • mpaulson@rehabnurse.org