



REHAB NURSING CONFERENCE 2021

Application for Exhibit Space | NOVEMBER 9-12, 2021
RHODE ISLAND CONVENTION CENTER

We understand that space will be rented at the following rates:

- 10' x 10' (100 sq ft) \$2,000
- 10' x 20' (200 sq ft) \$3,500

Upgrade your booth to an Institutional Package for an additional \$1,500.
Package includes:

- Carpet for booth
- One complimentary in-person attendee registration
- One draped 6' table
- Two side chairs

*Note: The exhibit hall is not carpeted.

We understand further that all space must be paid for in full by June 11, 2021. If the assigned space is not paid for in full by the specified date, it may be reassigned to another exhibitor at the option of the Association of Rehabilitation Nurses (ARN).

We agree to abide by the terms and conditions printed on the reverse side of this application form, which are made part of this contract. This contract is binding upon receipt and acknowledgment by ARN as stated in item 1 of the Terms and Conditions.

Is this your first time exhibiting with ARN? Yes No

Exhibit Booth Space Cost \$ _____

Upgrade to Institutional Package + \$1,500

Total Due \$ _____

After referring to the floor plan, indicate preferred booth location.

1st choice _____ 3rd choice _____

2nd choice _____ 4th choice _____

Initial space assignment begins March 10, 2021. Please submit contract with 50% deposit to be included. After space draw, booths will be assigned on a first-come, first-served basis.

Technical Exhibitors	Facilities
(Check the categories that best describe your company's products or services. Maximum: 4)	(Check the categories that best describe your facility's services. Maximum: 4)
<input type="checkbox"/> Mobility devices <input type="checkbox"/> Pharmaceuticals <input type="checkbox"/> Pressure-relief devices <input type="checkbox"/> Recruitment <input type="checkbox"/> Urological/Incontinence devices <input type="checkbox"/> Wound/skin care <input type="checkbox"/> Other _____	<input type="checkbox"/> Home health care <input type="checkbox"/> Long-term care <input type="checkbox"/> Recruitment <input type="checkbox"/> Subacute care <input type="checkbox"/> Transitional living <input type="checkbox"/> Inpatient <input type="checkbox"/> Other _____

OFFICIAL PROGRAM INFORMATION

Describe in 50 words or fewer the products or services to be exhibited, exactly as you want the information to appear in the conference guide. This information must be submitted electronically to cschroll@connect2amc.com at ARN with the exhibit application no later than **August 13, 2021**.

For a fillable form, visit rehabnurse.org.

FOR ARN USE ONLY:	
Booth number(s) assigned	_____
Total cost	\$ _____
Amount paid	\$ _____

Company Information: This representative will be contacted about conference guide details and future related mailings.

Firm name _____
(exactly as you wish it to appear in the printed program guide and on the exhibit sign)

Street Address _____

City/State/Zip Code _____

Phone (_____) _____

Fax (_____) _____

Website address _____

The signer of the application for exhibit space—or person designated, if different—shall be the official representative of the exhibitor and shall have the authority to certify representatives and act on behalf of the exhibitor in all negotiations.

Name _____
(First) (Last)

Title _____

E-Mail Address _____

Signature _____

Billing Information: This contract will be addressed to the signer (or designee indicated below, if different than above).

Name _____
(First) (Last)

Title _____

Firm name _____

Address _____

City _____ State _____ Zip code _____

Phone (_____) _____

Fax (_____) _____

E-Mail Address _____

Please complete all three steps:

1. Fax this application to 888.374.7259
2. Make a copy for your records.
3. Return the original with a 50% deposit per booth or, if reserving after June 11, 2021, with full payment to
Association of Rehabilitation Nurses
Attn: ARN Exhibit Office
PO Box 3781, Oak Brook, IL 60522

Make checks payable to **Association of Rehabilitation Nurses**.

If you have any questions, please call Chris Schroll at 800.229.7530 or 847.375.3661.

Payment Information

Amount \$ _____

Check # _____

Credit card type _____

Credit card holder name _____

Credit card number _____

Exp. _____

