



60th Anniversary Convention & Alumni Reunion

National Student Nurses Association – Annual Convention

David L. Lawrence Convention Center, Pittsburgh, PA

April 11-15, 2012

Booth Fee Rates	Check*	Credit Card
Commercial	\$2,540	\$2,620
Hospital	\$2,035	\$2,100
Professional Association	\$2,035	\$2,100
Schools of Nursing	\$1,210	\$1,245
Island Space (per square ft.)	\$24.00	

* 3% discount on booth rates if paying by check

NSNA Use Only

Booth #: _____

Rec'd: _____

Price: _____

Deposit: _____

Ck#: _____

EXHIBIT & PROGRAM BOOK AD SPACE APPLICATION: Tear out and mail, or complete and return by FAX# 856-589-7463 or Scan copy to: nsna_exhibits@ajj.com

A. Program Book Information (Complete as it should appear in the Program Book.): _____ Company Name _____ Address _____ City _____ State _____ Zip _____ Main Phone Number _____ Main Fax Number _____ Customer Service E-mail _____ Web site _____	B. Exhibitor/Advertiser Contact Information (Complete all information different than Section A.): Contact Name (Required Field) _____ Title _____ Company Name _____ Mailing Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____ Contact E-mail: _____ (Required Field; Electronic Exhibit Confirmation Materials & Updates sent by email only)
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C. Company Description: The information provided in Section A. will be used to list your organization in the NSNA 60th Anniversary Convention & Alumni Reunion Program Book Exhibitor Listing. Only the company name, city, state and booth number appear in the Exhibitor Listing within the program book. **No company or product descriptions will be included.** To assure inclusion within the NSNA 60th Anniversary Convention & Alumni Reunion Program Book Exhibitor Listing the completed exhibit application **must be received by NSNA no later than February 3, 2012.**

D. Choice of Booth(s): (Give at least six choices): 1st Choice _____ 2nd Choice _____ 3rd Choice _____ 4th Choice _____
 5th Choice _____ 6th Choice _____ Number of Booths Requested: _____ Size of Island Space Requested: _____

If possible, **do not** assign us space near: _____

Booths are 10'x10'. We agree that we may not receive one of our preferred choices. However, NSNA will try to make assignment in the requested area. Assignment of space made by the National Student Nurses' Association will be considered accepted unless rejected within seven days from the date of receipt of notification of space assignment. Once initial booth assignments are made, booths will be assigned on a first come, first served basis. Payment in full is due upon receipt of confirmation. All provisions of the official rules and regulations as published in the official prospectus shall be a part of this contract. NSNA may at its discretion accept or reject any application for space. The exhibit fee covers only space costs. Arrangement for furnishings, labor, shipping, and hotel must be made individually. All reassignments requested by an exhibitor, which can be accommodated, are subject to an additional \$150 administrative fee.

E. Payment Information / Optional Enhancements to Exhibit Space: Number of booths requested: _____ at a cost of \$ _____ each for a total cost of \$ _____ * 3% discount on booth rates if paying by check; See booth fee rates located at top of form 50% minimum deposit for application submitted prior to December 16, 2011 ...\$ _____ 100% of booth fee with applications submitted after December 16, 2011.....\$ _____ TOTAL Exhibit Space Booth Fee Net Cost Due \$ _____ NSNA 60th Anniversary Convention & Alumni Reunion Program Book Ad Space Reservation: Please Note: No Agency Commissions Allowed; * 2 and 4 color charges are additional to page rate EXHIBITOR Ad Rates: (page cost + color cost = net ad cost); Check off and sub total ad costs * 3% discount on ad rates if paying by check; See Exhibitor ad fee rates listed section "F" ___ one page; ___ one-half page ___ (H) or ___ (V); 2-color ___ 4-color ___ TOTAL EXHIBITOR Rate Ad Space Reserved Net Cost Due\$ _____ NON-EXHIBITOR Ad Rates: (page cost + color cost = net ad cost); Check off and sub total ad costs * 3% discount on ad rates if paying by check; See Non-exhibitor ad fee rates listed in section "F" ___ one page; ___ one-half page ___ (H) or ___ (V); 2-color ___ 4-color ___ TOTAL NON-EXHIBITOR Rate Ad Space Reserved Net Cost Due ... \$ _____ GRAND TOTAL PAYMENT DUE: (Exhibit & Ad payments)..... \$ _____	F. Program Book Orders: Ad Sizes, Ad Materials Info. & Closing Dates Advertise in the official NSNA Convention Program Book. Ads are to be pre-paid. Ad Space Closing Date: February 3, 2012. Ad Materials deadline is <u>no later than:</u> February 10, 2012. Send High Resolution PDF Ad File to: nsna_exhibits@ajj.com <table border="1"> <thead> <tr> <th>Mechanical Requirements:</th> <th>Width</th> <th>Depth</th> </tr> </thead> <tbody> <tr> <td>Half Page Horizontal</td> <td>6 13/16"</td> <td>4 3/4"</td> </tr> <tr> <td>Half Page Vertical</td> <td>3 3/8"</td> <td>9 5/8"</td> </tr> <tr> <td>Full Page (No Bleed)</td> <td>7"</td> <td>10"</td> </tr> <tr> <td>Trim Size</td> <td>7 7/8"</td> <td>10 1/2"</td> </tr> <tr> <td>Bleed Size</td> <td>8 1/8"</td> <td>10 3/4"</td> </tr> </tbody> </table> <p>Important Ad Bleed Note: Ads with bleed must extend 1/8" (.125") past trim dimensions. Reproduction Requirements: High Resolution PDF Electronic Ad Files (minimum 300 dpi). Please ensure that all fonts and images are embedded into the PDF file and that all security permissions are removed prior to sending to: nsna_exhibits@ajj.com Note: On full page ads keep any text 1/2" from the edge. If possible, please send a final proof or color copy of your ad when submitting. Advertising requiring typesetting or halftone conversions will be invoiced per rate schedule.</p> <table border="1"> <thead> <tr> <th>Ad Fee Rates:</th> <th>Exhibitor Ad Rates:</th> <th>Non-Exhibitor Ad Rates:</th> </tr> <tr> <th>Page & Color options</th> <th>Check* Credit</th> <th>Check* Credit</th> </tr> </thead> <tbody> <tr> <td>1 Page</td> <td>\$795 \$820</td> <td>\$1025 \$1055</td> </tr> <tr> <td>1/2 Page</td> <td>\$640 \$660</td> <td>\$825 \$850</td> </tr> <tr> <td>Second Color**</td> <td>\$580 \$600</td> <td>\$625 \$645</td> </tr> <tr> <td>Four Color**</td> <td>\$1105 \$1140</td> <td>\$1190 \$1,225</td> </tr> </tbody> </table> <p>Please Note: No Agency Commissions Allowed. Page rates shown are black and white; * 3% discount on ad rates if paying by check ** 2 and 4-color charges are additional to page rate</p> <p>SUBTOTAL Ad Space Cost (include your subtotal in section E Totals)...\$ _____</p> <p>Company: _____ Address: _____ City / State / Zip: _____ Contact Name: _____ Signature: _____ E-mail: _____ Phone & FAX: _____</p>	Mechanical Requirements:	Width	Depth	Half Page Horizontal	6 13/16"	4 3/4"	Half Page Vertical	3 3/8"	9 5/8"	Full Page (No Bleed)	7"	10"	Trim Size	7 7/8"	10 1/2"	Bleed Size	8 1/8"	10 3/4"	Ad Fee Rates:	Exhibitor Ad Rates:	Non-Exhibitor Ad Rates:	Page & Color options	Check* Credit	Check* Credit	1 Page	\$795 \$820	\$1025 \$1055	1/2 Page	\$640 \$660	\$825 \$850	Second Color**	\$580 \$600	\$625 \$645	Four Color**	\$1105 \$1140	\$1190 \$1,225
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G. Pay by Credit Card: (NSNA Tax ID # 13-60819910) **Full payment due by December 16, 2011**

Visa MasterCard (NO AMEX accepted)

Name on Credit Card _____

Credit Card Number _____

Expiration Date _____ Charge Amount _____

Security Code (see back of card) _____

Card Holder Signature _____

H. Pay by Check: (NSNA Tax ID # 13-6081991) **Full payment due by December 16, 2011**

Mail check payable in U.S. Funds to:
NSNA 60th Annual Convention
 c/o Anthony J. Jannetti, Inc.
 Attention: Joanne Silverberg
 Postal - Box 56, Pitman, NJ 08071-0056
 Overnight Service – 200 East Holly Avenue, Sewell, NJ 08080

I. For additional information please contact NSNA Exhibit Management Staff: Joanne Silverberg, Marketing Coordinator – Phone: 856-256-2342; E-mail: joanne.silverberg@ajj.com
 Rick Gabler, NSNA Exhibit Manager – Phone: 856-256-2314; E-mail: rick.gabler@ajj.com OR Tom Greene, NSNA Exhibit Manager – Phone: 856-256-2367; E-mail: tom.greene@ajj.com