



**48th Annual Conference – Chicago, IL ~ Hilton Chicago
October 13-16, 2017 (Exhibit Dates: October 14-15, 2017)**

2017 ANNUAL CONFERENCE APPLICATION FOR EXHIBIT SPACE

Society of Urologic Nurses and Associates, Inc.
c/o Anthony J. Jannetti, Inc.
East Holly Avenue / Box 56
Pitman, NJ 08071-0056
Telephone – 856-256-2432
Fax – 856-589-7463
E-mail – lauren.mckeown@ajj.com

Booth Fees	
In-Line Booth	\$2,575.00
Corner Booth	\$2,675.00
Non-Profit Booth	\$1,300.00

SUNA Use Only	
Booth Assigned	_____
Received	Price _____

We hereby apply, subject to the terms of your printed prospectus and rules and regulations of this meeting for space in the exhibit area, as follows:

<p>A. Program Book Information (Please complete the following information as it should appear in the Program Book.):</p> <hr/> <p>Company Name _____</p> <hr/> <p>Address _____</p> <hr/> <p>City _____ State _____ Zip _____</p> <hr/> <p>Main Phone Number _____ Main Fax Number _____</p> <hr/> <p>Customer Service E-mail _____</p> <hr/> <p>Web site _____</p>	<p>B. Mailing Information (Please complete personal E-mail, contact name, phone, and fax. The remaining information only needs to be completed if different than Section A.):</p> <hr/> <p>Contact Name (required field) _____ Title _____</p> <hr/> <p>Company Name _____</p> <hr/> <p>Mailing Address _____</p> <hr/> <p>City _____ State _____ Zip _____</p> <hr/> <p>Phone _____ Fax _____</p> <hr/> <p>Contact E-mail (required for receipt of exhibit confirmation and decorator kit) _____</p>
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You will be listed in the 2017 Attendee Program Book by Company name, address, booth number and website address, please make sure the above information is correct as the information will be taken directly off this application.

Choice of Booth(s): (Give at least six choices)

1st Choice _____ 3rd Choice _____ 5th Choice _____

2nd Choice _____ 4th Choice _____ 6th Choice _____

Number of Booths Requested: _____ Size of Island Space Requested: _____

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

We agree that we may not receive one of our preferred choices. However, the Conference will try to make assignments in the requested area. Assignment of space made by the Conference will be considered accepted unless rejected, in writing, 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. A deposit in the amount of 50% for each exhibit space is required with application for exhibit space.

Applications submitted after June 23, 2017 must be accompanied by payment in full. All provisions of the official rules and regulations as published in the official prospectus shall be part of this contract.

Payment Information / Optional Enhancements to Exhibit Space:

Number of booths or island size requested: _____ at a cost of \$ _____

50% minimum deposit for application submitted prior to **June 23, 2017** \$ _____

100% of booth fee with applications submitted after **June 23, 2017** \$ _____

_____ Advertising space in the SUNA Annual Conference Program (see details within exhibit prospectus)..... \$ _____

_____ Participation in SUNA's Registration Delivery Program (see details within exhibit prospectus) \$ _____

TOTAL PAYMENT ENCLOSED \$ _____

Payment by Check (SUNA Tax ID No. 93-0696206)
Mail check payable in U.S. Funds to **(The remaining balance is due by June 23, 2017.):**
SUNA Annual Conference
c/o Anthony J. Jannetti, Inc.
Postal - Box 56, Pitman, NJ 08071-0056
UPS/Overnight Service – 200 East Holly Avenue, Sewell, NJ 08080
856-256-2432 / Fax 856-589-7463

Full Payment by Credit Card (SUNA Tax ID No. 93-0696206)
 Visa Mastercard AMEX

Name on Credit Card _____
Credit Card Number _____
Expiration Date _____ Charge Amount _____
Security Code _____
Credit Billing address street # _____ zip code _____
Signature _____