



**2018 uroLogic Conference – San Diego, CA
 Sheraton San Diego Hotel & Marina
 October 25-28, 2018 (Exhibit Dates: October 27-28, 2018)**

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	\$2,625.00
Corner Booth	\$2,725.00
Non-Profit Booth	\$1,325.00

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 2018 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 29, 2018 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 29, 2018** \$ _____

100% of booth fee with applications submitted after **June 29, 2018** \$ _____

_____ 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 \$ _____

<p>Payment by Check (SUNA Tax ID No. 93-0696206) Mail check payable in U.S. Funds to (The remaining balance is due by June 29, 2018.): <i>SUNA uroLogic Conference</i> <i>c/o Anthony J. Jannetti, Inc.</i> Postal - Box 56, Pitman, NJ 08071-0056 UPS/Overnight Service – 200 East Holly Avenue, Sewell, NJ 08080 856-256-2432 / Fax 856-589-7463</p>	<p>Full Payment by Credit Card (SUNA Tax ID No. 93-0696206) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX</p> <p>Name on Credit Card _____ Credit Card Number _____ Expiration Date _____ Charge Amount _____ Security Code _____ Credit Billing address street # _____ zip code _____ Signature _____</p>
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