

# ANA Quality and Innovation and Pathway to Excellence Co-Located Conferences

Conference Dates: April 24-26, 2019

Exhibit Dates: April 24-25, 2019

Gaylord Palms Resort & Convention Center ~ Kissimmee, FL



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**Contact Information**

Company Name.....

Contact..... Title.....

Tel..... Fax.....

Email..... Web Site.....

Address.....

City..... State..... Zip..... Country.....

*\*All point of sale companies must be approved by ANA show management to be granted approval to exhibit.*

**Exhibit Space Rates**

10'x10' Booth – \$2,900     10'x10' Non-Profit Booth – \$2,000     Corner Rate – \$100

Exhibitor Booth Package - \$3,000 per 10'x10' (Includes 10'x10' booth & One Complimentary Full Conference Badge)

Booth Size: \_\_\_\_\_ (min. 10'x10')    Total Cost: \$ \_\_\_\_\_

Booth # Preference: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_

| Initials | Deposit and Payment Schedule                 |
|----------|--|
|          | Before May 22, 2018...0%                     |
|          | May 22, 2018 through December 13, 2018...50% |
|          | After December 13, 2018...100%               |

**ANA/ANCC requires payment in full no later than December 13, 2018. Failure to make payments does not release the contracted or financial obligation of Supporter.**

**Submit an application to:**  
 Email: [exhibitcontracts@spargoinc.com](mailto:exhibitcontracts@spargoinc.com)

**Need Help? Contact:**  
[anaexhibits@spargoinc.com](mailto:anaexhibits@spargoinc.com)  
 703-631-6200 | 800-564-4220

| Cancellation Penalties                       | Initials |
|--|----------|
| Before May 21, 2018...0%                     |          |
| May 22, 2018 through December 13, 2018...50% |          |
| After December 13, 2018...100%               |          |

**Make checks payable to:**  
 American Nurses Association

**Mail payments to:**  
 ANA, c/o SPARGO, Inc.  
 11208 Waples Mill Road, Suite 112  
 Fairfax, VA 22030  
 Tel: 800-564-4220 ♦ Fax: 703-563-2691

**Credit Card Payments:**  
 An invoice will be sent within one business day with instructions to submit credit card payment online.

I acknowledge that as an authorized representative of the above stated Exhibitor, I have received, reviewed, and agree that Exhibitor will comply with the 2019 ANA Quality and Innovation and Pathway to Excellence Co-Located Conferences' Exposition Rules and Regulations. Supporter agrees to receive all written and electronic correspondence from ANA, ANCC, SPARGO, Inc., and official event contractors in reference to the 2019 ANA Quality and Innovation and Pathway to Excellence Co-Located Conference and all future ANA/ANCC events. This exhibit space application will become a contract upon Exhibitor's authorized signature and ANA/ANCC's acceptance and approval.

Supporter Signature..... Date.....

Printed Name..... Telephone.....