

**2019 Application for Exhibitor Space**

LA SN

Exhibitor set up time: Friday, October 4th, 2019 (8:00 am – 9:30 am)

Exhibitor days: Friday, October 4th, 2019 and Saturday, October 5th, 2019 (10:00 am ‐ 5:00 pm)

Exhibitor tables are approximately 6' x 30". LASN will be making booth assignments on a first come - first serve basis. The exhibit space is limited and LASN will try to accommodate all those who wish to exhibit. Exhibit fees cover exhibit space and breakfast on Saturday, October 5th, 2019.

Exhibit Fees (PER TABLE)

Hospitals $500

Commercial $500

Schools of Nursing $500

Arrangements for furnishings, labor, and shipping at the hotel must be made on an individual basis. Electricity and phone lines will be available on a first come - first serve basis for an additional fee, upon request. If you wish to reserve space, a completed application and payment must be submitted by September 14th, 2019. Applications post marked after September 14th, 2019 will be billed a late fee, which will be due at the time of Exhibitor Set-Up on Friday, October 4th, 2019 at 8am. We expect you to honor your agreement and appreciate your dedication and understanding.

Please contact the Hilton Garden Inn in Lafayette for room reservations by calling (337) 291-1977 or visiting www.hilton.com. **In order to obtain a special discounted room rate, please be sure to mention you are with the LASN Convention**.

Please forward any questions to Katherine Comeaux at lasnpresident@gmail.com

\*Please see the sponsorship form for additional ways to promote your institution/organization Payment:

Number of tables at a cost of $ per table

Total fees (full payment required by September 14th, 2019) $

Total payment enclosed $ Date:

Please make check payable to Louisiana Association of Student Nurses (LASN). LASN Tax ID number is 23-7426299. Please list the organization name as you wish it to appear on identification materials.

Please retain a copy for your file. This form will serve as your invoice. Upon receipt of application, the name below will be contacted via email or phone. Please print all information and sign this document.

LASN

Attn: Convention Committee

P. O. Box 52655

New Orleans, LA 70152

LASN use ONLY:

Received on: Amount Received: Check No.:

Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_