
Fall Specialty Conference

October 29 – November 1, 2009

Orlando, Florida

Exhibit Dates: October 30 – 31, 2009

As an exhibitor, you will be able to reach a target audience of an estimated 400 perioperative leaders working in nearly every surgical specialty. Reach specialized surgical markets and individuals from a wide range of demographics – all at once. Enjoy increased exposure for your product or service.

Exhibit Hours:

Friday, October 30

Exhibit Hall Reception 4 - 6pm

Saturday, October 31

9:30 -10:30am – Morning break in Exhibit Hall

12:00 – 1:45pm – Networking lunch with Exhibitors, sit down rounds in Exhibit Hall

3:15 – 4:00pm – Afternoon break in Exhibit Hall

Additional Marketing Opportunities

Conference Attendee Bags Sponsorship - Increase your exposure with your company logo prominently displayed on attendee bags. Distributed to all attendees, including pre/post programs reaching over 400 perioperative nurses. Exclusive opportunity.

Focus Groups - Take advantage of this opportunity to hold a market research session with your target audience. AORN can help you segment and invite targeted participants to help you gain valuable insight from the perioperative community. Four focus groups available.

Advertising in the Conference Program - Distributed to over 400 perioperative nurse attendees.

3 Full-Page Color Ads Available:

Inside Front Cover - \$1,050

Inside Back Cover - \$850

Back Cover - \$1,200

Name Badge Sponsorship

Pre and Post Conference List



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Exhibiting Agreement

Exhibit Dates: October 30-31, 2009

Company Information

Date: _____

Contact Person: _____ Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Exhibitor Pricing: \$1,800

Includes:

- 10 x 10 Exhibit Booth Space
- Recognition as an exhibitor on the conference website and in the conference program *deadline applies

Exhibitor Cost/Terms

Payment must be received no later than 9-14-09 to receive benefits outlined on this agreement.

Cancellations

From receipt of contract through 9-1-09: refund of 80% of total. From 9-2-09: refund of 50% of total.
After 9-14-09: no refund. Notification of cancellation must be in writing and received by the dates indicated above.

Authorizing Signature: _____ Print Name: _____

Payment Information

Check will be mailed. Please make checks payable to AORN. Please Bill My Company

Charge my: VISA MasterCard AMEX Discover

Card Number: _____ Expires: _____

Card Holder: _____ Signature _____

Please Fax this form back to AORN at 303-755-4511

I hereby grant permission to AORN and their authorized representatives to communicate with me via mail, phone, fax, and email in regard to this sponsorship.

AORN Sales Department

2170 S. Parker Rd., Suite 400 Denver, CO 80231

Phone: 800-755-2676, Ext. 280 | Fax: 303-755-4511 | Email: sales@aorn.org

