

**Sponsor/Exhibitor Information Sheet and Registration Form Event:** 2019 CIOCNS Conference, Masters of Change **Presented by:** Central Indiana Organization of Clinical Nurse Specialists (CIOCNS)

**Date:** Thursday, November 7, 2019

T**ime:** 7:30A.M. – 5:10P.M. (7:00 A.M. setup begins)

**Conference Location: The Nest** 400 Byrd Way, Greenwood, IN 46143

The Central Indiana Organization Clinical Nurse Specialists (CIO-CNS), in association with Indiana University Health and the Indiana Organization of Nurse Executives, is hosting its an annual conference. Our mission is to enhance and promote the unique, high-value contribution that Clinical Nurse Specialists provide to the health and well-being of individuals, families, groups, communities and the advancement of nursing in Indiana. We value your support in implementing this mission and invite you to attend our annual conference by highlighting your products, and additional opportunities that your company or instruction has to offer.

Please review the following agreement detailing ways you can showcase your support.

**Purpose of Conference**: To provide Clinical Nurse Specialists with the knowledge, tools, and resources to improve, maintain, and advance the care of patients.

**Target Audience:** An estimate of 100 Clinical Nurse Specialists, CNS students, and CNS faculty from Indiana, Illinois, Kentucky, Ohio, Michigan, Missouri, Tennessee, and Wisconsin to be in attendance.

**Exhibitor Space:** The location of the exhibitor area is adjacent to the primary lecture room, and there are designated times in the agenda for exhibit visitation. A display table (round or rectangular), two chairs, and approximately 8 feet of floor space are available to each exhibitor/sponsor.

PLEASE NOTE: Exhibitors may NOT recruit at any point during the conference

# Sponsor and Exhibitor Details

## Tiered levels of sponsor/exhibitor participation is available. Podium recognition and acknowledgment of platinum, gold and silver levels will occur. All levels will receive credit in print, on the CIOCNS website, and during the conference. In addition to table space, sponsors/exhibitors receive: conference attendance for two representatives, lunch, and break refreshments.

There are limited exhibitor spaces available. Reservations are on a first come- first served basis.

* Payment must be received before an exhibitor space is confirmed.
* Forms without payment will not be accepted.
* Forms will be accepted until all spaces are filled and no later than October 20th, 2019.

**Questions:** Please contact Lisa Fite at: lfite@iuhealth.org



# Please place a check in the box (right column) for the desired Sponsor/Exhibitor opportunity:

|  |  |
| --- | --- |
| **Tiers of participation** | **Sponsor & Exhibitor Opportunities** |
|  |  |
| **Platinum** | **$5000** |  | **Venue sponsor** |
|  |  |
|  |  |  | **Breakfast sponsor** |
| **Gold** | **$2500** |  | **Lunch sponsor** |
|  |  |
|  |  |  | **AM Break sponsor** |
| **Silver** | **$1500** |  | **PM Break sponsor** |
|  |  |
| **Bronze** | **$500** |   | **Exhibit table** |

## Please make checks payable to: Central Indiana Organization of Clinical Nurse Specialists, Inc.

Mail completed documents and check to: c/o Lisa Fite

410 S. Chestnut St.

Monrovia, IN

46157

**Contact Information**

*Title of Company: (exactly as it is to be listed in conference handouts):*

*Address*:

*City / State / Zip:*

*Work Phone:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Cell Phone:*

*Fax:*

*Name(s) of Person(s) Who Will Be at the Exhibit:*

*Contact Person:*

*Title:*

*Email:*

*Unless otherwise specified, the above email address will be used for all correspondence.*

*Company Web Site Address:*

###  Yes, please link my sponsor/exhibitor website with the CIOCNS annual conference webpage,sponsor/exhibitor section

*Will your product/device fit on an exhibit table? Ye*X*s or No (circle)*

*If no, please describe.*

PLEASE NOTE**:** Approval of specific accommodation requests, by the CIOCNS conference planning committee, is required.

**Statement of Liability:** The Central Indiana Organization of Clinical Nurse Specialists (CIOCNS) is not responsible for typographical errors or omissions from final printing material. Every effort will be made to assure the accuracy on printed materials.

# Agreement

1. CIOCNS reserves the right to assign all exhibitor spaces.
2. Exhibitors must set up at the assigned area only. Every attempt will be made to accommodate special requests. However, no changes may be made to accommodations without the permission of CIO-CNS.
3. Tables in the exhibit area must remain as placed by *The Nest*
4. Exhibitor agrees to have the display set up by 8:00 a.m. on November 7, 2019, and dismantled and cleaned by 4:00 p.m.. on November 7, 2019. Please, DO NOT leave materials on tables.
5. This application and agreement only provide for one tablespace. Equipment must rest upon the table in a safe manner or that which extends no further than 18” from the table. The assigned area may not be able to accommodate any additional equipment. If your product/device is not capable of resting upon a table, please specify desired accommodations on the form in the designated area. CIO-CNS will work to accommodate the request.
6. Exhibitor will follow safety requirements as designated by *The Nest*.
7. Electrical services cannot be guaranteed.
8. Shipment of materials and equipment to the conference location before the event is prohibited.
9. Exhibitor tables will be assigned and identified the day of the conference.
10. The exhibits will open by 8:00 a.m. and will remain open during lunch and breaks only.
11. Due to privacy agreements between CIO-CNS and conference attendees, exhibitors will not have access to contact information of the participants. However, exhibitors may solicit such details (follow-up cards, etc..) from participants who voluntarily provide such information.
12. Refunds for cancellation may be granted, less $75.00 administrative processing fee, when notified on or before October 1, 2019. No refunds provided after October 1, 2019.

### Signature indicates your understanding of the agreement described above:

**Authorized signature: Date:**

**Printed Name/ Title:**

#   Please, kindly return this signed agreement with completed exhibitor form and payment