

**ANNA Nephrology Nursing Practice Management & Leadership  
October 14-16, 2023 / Hilton Chicago / Chicago, IL  
BOOTH / SPONSORSHIP APPLICATION**



Exhibiting Company \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

IN-PERSON EXHIBIT BOOTH		
10X10 Booth	\$ 2,400 (includes a basis virtual booth)	\$
Industry Listing – Standard ( <i>upgrade</i> )	\$ 900	\$
ADVERTISING OPPORTUNITY		
Program Ad on Main Portal Page	\$ 2,500 Full Page/Full Color	\$

**Specs:**

Full page: **6" x 9"**

Send high resolution .jpg file to: [heidi.perret@ajj.com](mailto:heidi.perret@ajj.com)

Materials due no later than September 29, 2023

SPONSORSHIP OPPORTUNITIES		
Tote Bag Insert	\$ 800 <b>Must be PREPAID</b>	\$
Pre-Registration List	\$ 400 <b>Must be PREPAID</b>	\$
<b>TOTAL AMOUNT</b>		\$

*This form will be used as your invoice.*

Signature (required) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ Full Payment to be made via Check payable to ANNA (Tax ID # 23-7189008)

\_\_\_ Full Payment to be made via Credit Card

*Please Note: Booths will not be assigned until full payment is received.*

\_\_\_ Visa \_\_\_ MasterCard \_\_\_ AMEX

Name on Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Charge Amount \$ \_\_\_\_\_

Credit Billing Address Street # \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

**ALL SPONSORSHIP FORMS must be sent to:**  
**ANNA Conference / Exhibits**  
Box 56 / Pitman, NJ 08071  
Phone: 856-256-2375 / [heidi.perret@ajj.com](mailto:heidi.perret@ajj.com)