

EXHIBITOR-SPONSOR LETTER OF AGREEMENT
April 15-16, 2010
15TH Annual Spring Conference for Nurse Practitioners
Holiday Inn by the Bay - Portland, Maine 04101
207-775-2311

Company Name: _____
Primary Contact: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email: _____

Please list all representatives attending (names as they should appear on the name badge):

Name: _____
Name: _____
Name: _____

Exhibitor:

(Includes all meals and the Thursday night reception/fundraising auction admission for 2 company representatives)

One Table (\$1000) Two Tables (\$1500)

Educational Grant: (Defrays costs of speaker)

\$250 \$500 \$1,000 Other_____

We are interested in sponsoring the following speaker_____

We are interested in sponsoring a non specific speaker. Please contact us about availability.

Sponsor Event:

(If you are interested in sponsoring an entire event, call Pam Cahill at 207-621-0313 for details and amounts).

Thursday AM Break	<input type="checkbox"/> \$750	This break sponsor will have 10 minutes to address the break participants.
Thursday PM Break	<input type="checkbox"/> \$750	This break sponsor will have 10 minutes to address the break participants
Thursday Reception	<input type="checkbox"/> \$750	The evening reception sponsor will have 10 minutes to address the reception participants
Friday AM Break	<input type="checkbox"/> \$750	This break sponsor will have 10 minutes to address the break participants.
Friday PM Break	<input type="checkbox"/> \$750	This break sponsor will have 10 minutes to address the break participants.

Annual Scholarship Auction

Each vendor is cordially invited to attend (and bid on all our items) the annual scholarship auction. We also will be most appreciative of an auction donated from your company. Funds raised to provide conference scholarships for NP students. Items may include, but are not limited to gift certificates to various restaurants, LL Bean, SPA outings, products, etc.

[] Yes, we plan to attend the auction and will donate the following item to the MNPA auction: (Please include the approximate value of the donated item).

Item: _____ Approximate Value: _____

Number of people attending Thursday lunch []

Number of people attending Thursday Reception []

Number of people attending Friday Breakfast []

Number of people attending Friday Lunch []

Exhibitor/Sponsor: _____
(Signature) (Date)

Completed Form and Payment DUE by March 15, 2010

*******Exhibit space is limited and will be filled on a first-come-first served basis.**

Please make checks payable to:
Maine Nurse Practitioner Association (MNPA Tax ID # 04-3348531)

We also accept Visa and MasterCard

Name on Card: _____ MasterCard or Visa (circle one)

Card Number _____ Expiration Date: _____

Forward letter of agreement & payment to:

Maine Nurse Practitioner Association
11 Columbia Street
Augusta, Maine 04330
Fax 207-622-4437

***Hotel reservations:
Hotel Reservations should be made by calling the Holiday Inn by the Bay at
207-775-2311***