



EXHIBITOR REGISTRATION
 October 20, 2017
 Courtyard by Marriott
 2405 SE Creekview Dr, Ankeny, IA 50021

Exhibit Space Agreement - The Exhibitor agrees to pay Iowa Nurses Association for each exhibit space requested. Your payment is required with your completed contract. Exhibit booth includes one 6' table / two chairs /wastebasket. Exhibit will include hor d'oeuvres and networking with attendees. Exhibitor commits to maintain booth space 12:15 to 1:30 PM on Friday, October 20, 2017

Complete and e-mail form mrice@iowanurses.org or call 515.225.0495

Name: _____

Organization: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

Please list any special dietary requirements: _____

REGISTRATION FEES

	Early Bird	Regular
	Prior to 9/17/17	After 9/17/17
	\$200	\$250

Hold Harmless Clause "The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of exhibitor's activities on the Center premises and will indemnify, defend, and hold harmless the Center, its owner, and its management company, as well as their respective agents, servants, and employees from any and all such losses, damages, and claims"

The Center will not be responsible or liable for any loss, damage or claims arising out of exhibitors activities on the Centers premises except for any claims, loss, or damage arising directly from the Center's own negligence. Iowa Nurses Association will be responsible to negotiate the contract with its exhibitors.

Due to the layout of the Center, storage space is not available for display materials and/or show merchandise. At the conclusion of the set-up operation, all related equipment, crates, trash, etc. must be removed from the premises no later than the last day of the exhibit show period.

I have read the "hold harmless clause and refund policy. I agree to uphold the terms:

 Authorized Signature for exhibit booth contract

 Date

*Fees include materials, meals and contact hours.

**\$50 administration processing fee will be assessed for cancellation after October 1, 2017 .

Total Amount Due \$ _____

PAYMENT METHOD:

(Make all checks payable to Iowa Nurses Association)

Check enclosed: \$ _____

Credit Card: Visa MasterCard Discover

Card Number: _____ Expiration Date: _____ CVV: _____

Card Holder (name printed on card): _____

Billing Zip Code (if different than above): _____

Signature: _____

Mail to: Iowa Nurses Association
 c/o Maggie Rice
 1708 Gary Drive Sioux Falls,
 SD 57103

TO BOOK YOUR HOTEL, YOU MUST CONTACT:

Courtyard by Marriott
 2405 SE Creekview Dr, Ankeny, IA 50021 Phone: 515.422.5555
 Rate: \$114
 Book By: September 27th for Rate - Group ID Code: iowanurses