



**Commercially Supported  
Symposia Application  
American Association of  
Neuroscience Nurses  
March 28-31, 2009 - Las Vegas, Nevada**

All information must be completed or this application will be returned. Please return application as soon as possible.

Each application must include the following information to be considered:

- Title of program, title and length of each presentation, proposed speaker names (including academic degrees, institution and city, state) and learning objectives
- Synopsis of 50 words or less for use in AANN conference brochure

**TYPE OF LOGISTICAL PREFERENCE**

- Breakfast
- Luncheon
- Dinner

Note that every effort will be made to accommodate your preference; however, no guarantees can be made. **Additionally, any or all of the preferred times may be concurrent with other Commercially Supported Symposia.**

**PHARMACEUTICAL SUPPORTER**

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Direct future correspondence to \_\_\_\_\_ Title \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Person authorizing request \_\_\_\_\_ Title \_\_\_\_\_  
 Signature \_\_\_\_\_

**THIRD PARTY COMMUNICATION COMPANY – ALL CORESPONDENCE WILL BE WITH THIS DESIGNATED INDIVIDUAL ONLY.**

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Direct future correspondence to \_\_\_\_\_ Title \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Person authorizing request \_\_\_\_\_ Title \_\_\_\_\_  
 Signature \_\_\_\_\_

**We certify that the information provided is accurate and complete, and that we agree to follow the AANN guidelines for Commercially Supported Symposia.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



Return this form to:  
 Jeff McCollian, National Sales Manager  
 American Association of Neuroscience Nurses  
 4700 West Lake Avenue  
 Glenview, IL 60025  
 TEL: 847/375-4803; FAX: 847/375-6456; email: jmcollian@connect2amc.com