



Commercially Supported
Symposia Application
American Association of
Neuroscience Nurses
March 19-22, 2011 – Kansas City, MO

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 CORRESPONDENCE 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:
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