

Sponsorship and Exhibitor Commitment Form

2019 QSEN National Forum

Organization _____

Contact _____

Address _____

City, State, Zip _____

Email _____

Phone _____

Please see previous pages for sponsorship details

- Reception - Poster Session (exclusive) _____ \$12,000
- Reception - Poster Session (co-sponsored) _____ \$6,000
- Exclusive Event Host Sponsor (breakfast) _____ \$5,000
- Exclusive Event Host Sponsor (lunch) _____ \$5,000
- Expert and Vendor Track Sessions _____ \$3,500
- School of Nursing Partners _____ \$3,000
- Attendee Bag Sponsor + Insert _____ \$2,500
- Attendee Bag Insert _____ \$1,500
- Exhibitor (registration and meals included) _____ \$1,700
- Nonprofit Exhibitor (registration and meals included) _____ \$1,200
- Additional Booth Staff Personnel (each person) _____ \$200
- Philanthropic Partner:

Your generous donations directly support the mission of the QSEN Institute. \$ _____

TOTAL AMOUNT \$ _____

PAYMENT METHOD

- Check Enclosed - made payable to "CWRU" (Federal Tax ID #34-1018992)
- Pay via Credit Card – complete the form below



Credit Card is the QSEN Institute's preferred method of payment.

Credit Card Number _____

Expiration Date _____

Name on Card _____

Security Code _____

Signature _____

Per the American Nurses Credentialing Center (ANCC) Standards:

- Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for Continuing Nursing Education (CNE) activities.
- Product-promotion material or product-specific advertisement of any type is prohibited in or during CNE activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CNE.

The signature below indicates willingness to abide by the ANCC standards as outlined above.

TERMS

Said organization agrees to pay 100% of all fees, no later than March 1, 2019.

Authorized Signature _____ Date _____

Print Name _____ Title _____

**EMAIL OR MAIL COMPLETED FORM
BY MARCH 1, 2019:**

QSEN Institute
Frances Payne Bolton School of Nursing
Case Western Reserve University
10900 Euclid Avenue, Cleveland, OH 44106-4904
Tel: 216-368-3839 • E-mail: qsen.institute@gmail.com

Exhibitor Information Form

2019 QSEN National Forum

Organization _____ Contact _____

Address _____ City, State, Zip _____

Email _____ Phone _____

EXHIBITOR INFORMATION

Company Name (as it will appear in the syllabus)

Company Description (Please limit description to 50 words or less.)

The QSEN Institute reserves the right to edit all copy submitted. This information is used as a part of the application review process and must be completed at the time of submission. This description will be included in the Conference Website.

Product Display will include _____

Number of 110 electrical outlets needed _____

Number of chairs needed _____

Special Considerations _____

Name of Person Staffing Exhibit Booth (registration and meals included for 1)

1. **Name** _____ **Division** _____
Phone _____ **Email** _____

Additional Booth Staff Personnel (\$200 each additional person for exhibit badge and meals only)

2. **Name** _____ **Division** _____
Phone _____ **Email** _____

3. **Name** _____ **Division** _____
Phone _____ **Email** _____

4. **Name** _____ **Division** _____
Phone _____ **Email** _____