Exhibit/Sponsorship Form

Organization/Company: ___________________________________________________________
Contact Person: _________________________________________________________________
Mailing Address: _________________________________________________________________
City: ___________________________ State: __________________ Zip Code: ______________________
E-mail address: ___________________________ Phone # ____________________________

Signature Sponsor
☐ $50,000

Event Sponsor
☐ Breakfast - $10,000
☐ Lunch - $15,000
☐ Speaker-$5,000-$10,000
☐ Mobile APP - $6,000
☐ Breakfast - $5,000
☐ Reception- $10,000

Exhibit Table
☐ For-Profit - $1,500
☐ Non-Profit - $1,000

Friend of QSEN
☐ School/Hospital poster session $1,000
☐ Sponsor - $2,500

Conference Bag
☐ Bag - $2,000
☐ Bag Insert - $1,000

Donation
☐ $500 (Registration)
☐ Other $ ____________

For administrative or payment questions please contact Amy Pisman at Case Western Reserve University
Phone: (216) 983-1230
Fax: (216) 844-8133
E-mail: amy.pisman@case.edu

For questions regarding program content please contact Rachel Grdina
Phone: 216-368-3839
E-mail: rmg93@case.edu

Payment should be submitted to Case Western Reserve University CME Program at least 1 month prior to the event (Federal Tax ID #34-1018992). Payment can be made by credit card by completing the enclosed authorization form. Checks should be made payable to ‘CWRU’ and mailed to the following address:

Amy Pisman
Continuing Medical Education Program
10524 Euclid Avenue
Walker Suite 3129
Cleveland, Ohio 44106-6026

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.

__________________________  __________________________
Exhibitor  Date

Exhibitors printed name
Please complete the following information to help us serve you better at our conference:

Company Name (to appear in syllabus) 

Representative Name (for nametags and refreshments) 

Phone   FAX   E-MAIL

Product Display will include

Number of 110 electrical outlets needed

Number of chairs needed

Special Considerations

Additional Representative(s) attending meeting, not listed above

Name  Division

Phone   FAX   E-MAIL

Name  Division

Phone   FAX   E-MAIL