## Exhibit/Sponsorship Form

**Organization/Company:**

**Contact Person:**

**Mailing Address:**

City:  
State:  
Zip Code:  

**E-mail address:**  
**Phone #**  

<table>
<thead>
<tr>
<th>Signature Sponsor</th>
<th>Event Sponsor</th>
<th>Event Sponsor</th>
<th>Event Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50,000</td>
<td>Breakfast: $10,000</td>
<td>Mobile APP: $6,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lunch: $15,000</td>
<td>Break: $5,000</td>
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<tr>
<td></td>
<td>Speaker-$5,000-$10,000</td>
<td>Reception: $10,000</td>
<td></td>
</tr>
</tbody>
</table>

**Exhibit Table**

- For-Profit: $1,500
- Non-Profit: $1,000

**Conference Bag**

- Bag: $2,000
- Bag Insert: $1,000

**Friend of QSEN**

- School/Hospital poster session: $1,000
- Sponsor: $2,500

**Donation**

- $500 (Registration)
- Other: $__________

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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 Fay Alexander  
**Phone:** 216-368-3839  
**E-mail:** fxa31@case.edu

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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 ____________________

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Name_________________________ Division___________________________

Phone _______________ FAX _______________ E-MAIL ____________________