



TxCNS Conference Exhibitor Quick Facts & General Information:

Conference Dates

First Annual Texas Clinical Nurse Specialists Conference
"Transforming the Future: Improving Care
with Expert Knowledge"
April 9 – 10, 2010

Location

Radisson Hotel & Suites Austin – Town Lake
111 East Cesar Chavez at Congress
Austin, Texas 78701

General Contact Information:

Jan M. Allen, CMP | TxCNS Meeting Planner
PO Box 150218 | Austin, Texas 78715-0218
Phone: 512.312.2134 | Fax: 512.295.9750
Website: www.txcns.org

Exhibit Hours:

	Friday, April 9	Saturday, April 10
Exhibitor Registration & Set-up	8:00 a.m. – 11:00 a.m.	
Exhibit Hours	11:00 a.m. - 7:00 p.m.	7:30 a.m. – 12:00 p.m.
Tear Down		12:00 p.m. - 2:00 p.m.

All table top displays include the following:

- One (1) skirted 6' table, two (2) chairs

Cancellation Policy: Refunds will be granted, less 25% processing fee, for cancellations. All refunds must be requested in writing and postmarked on or before **March 19, 2010**. No refunds will be granted for exhibit space or sponsorships canceled after **March 19, 2010**.

Doorprizes: All exhibitors/sponsors are encouraged to donate door prizes to be raffled away during the seminar sessions. Recognition of the donor-sponsored door prizes will be announced with each raffle. We need your commitment by March 19, 2010 to be listed in the conference materials.

Mail or fax completed form with payment to:

Jan M. Allen, CMP
P.O. Box 150218
Austin, Texas 78715-0218
Fax: 512.295.9750

Exhibitor Contact Information:

Company/Organization Name

Contact Name

Title

Physical Address

City

State

Zip

Phone

Toll Free (800)

Cell Phone

Fax

E-mail

Web Page Address

Table Top Display Cost Information:

Table top displays are \$300 each and are available on a first come first serve basis. Space is limited, book your space today!

_____ x \$300 = \$ _____
Quantity Total Amount Due

PAYMENT:

Credit cards will be debited for full display payment unless otherwise indicated. Full payment is due with this contract.

Check enclosed made payable to TxCNS.

Check #: _____ Check Amount: \$ _____

Charge: Mastercard Visa

Card Number

Security Code

Exp. Date

Name on Card

Billing Address

City/State/Zip

Signature