

# Application for Exhibit Space

Oklahoma Association of Nurse Anesthetists

**Embassy Suites**

**April 21-22, 2012**

Company Name \_\_\_\_\_

Representative \_\_\_\_\_

Reps Attending (for name tags) \_\_\_\_\_

Please note: OANA will provide lunch for up to 2 representatives per exhibitor at no cost to company.

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_

Please check the following:

\_\_\_\_\_ Exhibitor booth \$200 if reserved by 2/15/2012;

\_\_\_\_\_ Exhibitor booth \$300 reserved after 2/15/2012

\_\_\_\_\_ Break Sponsor \$500

\_\_\_\_\_ Speaker Sponsor

All related expenses determined by speaker

\_\_\_\_\_ YES! I plan to set-up early on Friday evening!

List any exhibitors you DO NOT wish to be near:

\_\_\_\_\_  
(Position of your booth is not guaranteed, but all attempts will be made to accommodate your request.)

Special Requests (i.e. electricity, space and a table, more than 1 table, etc.)

Please list the products/services that you will be displaying:

\_\_\_\_\_  
\_\_\_\_\_

Please make checks payable and mail to:

Oklahoma Association of Nurse Anesthetists (Fed ID# 73-1078011)

PO Box 6616

Norman, OK 73070-6616

Phone #405-329-6262 Fax# 405-364-5379

**PAYMENT MUST BE RECEIVED 2 WEEKS PRIOR TO THE CONFERENCE TO GUARANTEE YOUR SPACE!**