

**RESERVATION
DEADLINE FOR
EXHIBIT SPACE
IS SEPTEMBER
1ST!**



**Please mail your exhibit
space reservation to:
Nebraska Nurses
Association
P.O. Box 82086
Lincoln, NE 68501-2086**



Exhibitor Invitation

**2010
Nebraska Nurses Association
Annual Convention**

October 8, 2010

**Holiday Inn Convention Center
110 Second Avenue
Kearney, Nebraska
(308) 237-5971**

Please join the Nebraska Nurses Association at our annual convention, October 8, 2010 at the Holiday Inn Convention Center, 110 Second Avenue, Kearney, Nebraska.

Holiday Inn Hotel room reservations should be made directly with the hotel by September 9, and by asking for the NNA room block. Discounted rate is: \$76.95 + taxes for a 1-4 person room. Call their reservation number (308) 237-5971.

Exhibit hours are scheduled for **Friday, October 8, 2010 between 10:00 a.m. and 2:30 p.m.** Because of space limitations, all reservations are on a first come, first serve basis. Exhibiting will occur on Friday only.

With your exhibit reservation, you'll have an excellent opportunity to meet, greet and network with registered nurses from across the state of Nebraska. Your \$300 fee includes: one exhibit booth, two tickets for lunch on October 8, promotion in our registration brochure (if Commitment Form is received by July 1st) and two issues of the *Nebraska Nurse* newsletter.

RESERVATION DEADLINE IS SEPTEMBER 1st!

You may also reserve space on our web site: www.NebraskaNurses.org. Look under the Education tab!

EXHIBIT SCHEDULE - Friday, October 8, 2010

8:00 - 9:30 Registration/Set Up
10:00 -10:45 Exhibits Open
11:45 - 1:00 Exhibitors Host round tables at Lunch – Introduce yourself and describe your Business' opportunities
2:00 - 2:30 Exhibits Open



Nebraska Nurses Association (NNA) 2010 Annual Convention Exhibit Application

DATE: October 8, 2010

PLACE: Holiday Inn Convention Center, 110 Second Ave., Kearney, Nebraska 68847. Phone: (308) 237-5971

Agency _____

Contact person _____

Address _____

Contact phone _____

City _____

State _____ Zip Code _____

Contact email address for confirmation notification _____

Name(s) of representatives attending:

#1 _____

#2 _____

In consideration of \$300.00 (three hundred dollars) payment to be made to the Nebraska Nurses Association by **September 1, 2010**, for leased space at the Holiday Inn Convention Center for the Nebraska Nurses Association Annual Convention Exhibition show. NNA reserves the right to refuse any application for exhibit space. Exhibitors are encouraged to leave booths up until the conclusion of the exhibit times.

Exhibitors agree to protect and keep the Nebraska Nurses Association and the leased space at the Holiday Inn from any damage, or charges imposed for violations of any law or ordinance occasioned by the negligence of the exhibitor(s), as well as strictly comply with agreement terms between the Holiday Inn and the Nebraska Nurses Association, and from any and all loss, cost, damage, liability or expense arising from or out of or by reason of its agents, employees and business invitees, which arises from said exhibitor occupancy and use of the exhibition premises or a part thereof.

The lessee further agrees to comply with the display set-up by the Holiday Inn, which is: one 6' full-width table with

white linen table-top to floor covering and 2 chairs for each exhibit.

LIGHTING: Ceiling lights will provide general lighting.

INSURANCE: Exhibitors must arrange for their own insurance coverage.

STORAGE OF EQUIPMENT: It is understood that the Holiday Inn has no storage space.

NOTE: If you need access to electricity, let us know. You are responsible for bringing an extension cord/power supply to connect to the electrical outlet.

Electrical Access needed _____

CANCELLATION POLICY: For exhibitors canceling reservations during the 30 days preceding convention (Sep.7-Oct.7), no refund is available. Cancellations occurring prior to that time will incur a 15% processing fee.

Booth Identification: Agency name for publication:

Signature of Agency Representative

Lessee: _____

Title _____ Date _____

Lessor: NNA - Contact: Annette Harmon at (402) 475-3859
Fax: (402) 328-2639

Make check payable to NNA and return Contract and payment by September 1st to:

Nebraska Nurses Association

(Federal Tax ID#: 47-6034912)

P.O. Box 82086

Lincoln, NE 68501-2086