

# Application to Exhibit – FALL JOINT CONFERENCE ONLY

2017 CACN/COADN Fall Conference

October 18-20, 2017

Rancho Mirage, CA

(Please type or print legibly)

Organization Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

## Program Syllabus Information (please provide by email for accuracy)

Please submit your 30-40 word company description of the products, equipment or services to be exhibited. CACN reserves the right to edit text to conform to format and length limit if necessary.

Your Company Description **MUST BE RECEIVED by 10/9/17** to be included in the syllabus. **NO EXCEPTIONS**

## Registration Rates (payment in full must be received by 10/18/17)

Single table top - \$1,000 Wednesday Reception, Thursday & ¼ Day Friday

Double table top - \$1,500 Wednesday Reception, Thursday & ¼ Day Friday

Applications submitted after October 9, 2017, will be limited to space available, and must be accompanied by full payment, badge names and company description or they **may not be included in the conference syllabus.**

Method of Payment: Please make checks payable to: **California Association of Colleges of Nursing (or) CACN**

MasterCard       Visa       AMEX       Discover       Check

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV code: \_\_\_\_\_

Billing address \_\_\_\_\_

Name on Card \_\_\_\_\_ Authorized Signature \_\_\_\_\_

## Contract Agreement

All exhibits are subject to approval by CACN. We agree to the payment requirements as listed above on this application. This application will not become a binding contract until fully executed by both parties.

\_\_\_\_\_  
Authorized Exhibitor Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized CACN Representative

\_\_\_\_\_  
Date

Mail completed application to: CACN, 2520 Venture Oaks Way, Suite 210 - Sacramento, CA 95833

Email completed applications to: [brian@acnl.org](mailto:brian@acnl.org)

Or fax with credit card information to 916.779.6945. For questions call Brian Carrick @ 916.779.6949