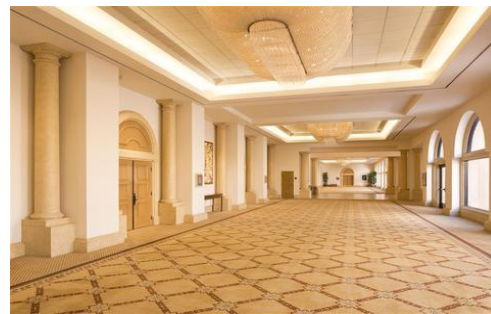




2017 CACN/COADN Joint Academia Fall Conference Sponsorship and Exhibitor Registration

Wednesday – Friday October 18th – 20th
The Westin Mission Hills Resort – 71777 Dinah Shore Drive –
Rancho Mirage 92270

Click [HERE](#) for discount rooming offers at the Westin Mission Hills Resort and Spa



Exhibitor Schedule (tentative): *Approximate Attendance 200-250*

- Wednesday 10/18/17- Set up by: 4:00pm
- Exhibitor Reception: 5:00pm – approximately 6:30pm

- Thursday 10/19/17-
- Attendee Registration & Continental Breakfast: 7:30am – 8:30am
- Attendee Break: 10:30am – 11:00am
- Attendee Lunch with Industry Partners: 12:00pm – 1:30pm
- Attendee Break: 2:30pm – 3:00pm

- Friday 10/20/17-
- Attendee Breakfast with Exhibitors: 7:30am – 8:30am
- 11:30am End of Program- (This event will have approximately 4.5 hours of dedicated vendor time with attendees)

The California Association of Colleges of Nursing (CACN) represents colleges and universities offering baccalaureate and higher degree programs for California's nursing students. CACN members are committed to providing the highest quality educational opportunities to benefit our students and communities.

The California Organization of Associates Degree Nursing Program Directors (COADN) objective and purpose is to improve the quality of associate degree nursing education throughout the state and to promote safety and quality of patient care by way of coordinating activities, developing group positions on current issues, along with promoting, encouraging, and providing continuing education and staff development activities for Associate Degree Directors, and Faculty.

Application to Sponsor – FALL JOINT CONFERENCE

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 _____

Fall Conference Only

The Sponsorship Levels and Amounts are

- | | |
|--|---------------------|
| <input type="checkbox"/> Friend Contribution | \$400 to \$499 |
| <input type="checkbox"/> Supporter Contribution | \$500 to \$999 |
| <input type="checkbox"/> Sponsor Contribution | \$1,000 to \$1,999 |
| <input type="checkbox"/> Benefactor Contribution | \$2,000 and greater |

NOTE: Sponsors will be recognized in the conference syllabus and on signage throughout the conference. Contact me for specific sponsorship opportunities

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

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

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

Application to Exhibit – FALL JOINT CONFERENCE

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 _____

Agreement

All exhibits are subject to approval by CACN. We agree to the payment requirements as listed above on this application.

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

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



CACN Exhibitor Badges

(Two badges are included with your paid exhibitor fee)

Company: _____

Exhibitor Names: *(please print names legibly)*

1. Name: _____ Title: _____
City: _____ State: _____
(EMAIL ADDRESS - REQUIRED: _____)

2. Name: _____ Title: _____
City: _____ State: _____
(EMAIL ADDRESS - REQUIRED: _____)

If Additional Badges are Needed Each Badge is: \$30.00

3. Name: _____ Title: _____
City: _____ State: _____
(EMAIL ADDRESS - REQUIRED: _____)

4. Name: _____ Title: _____
City: _____ State: _____
(EMAIL ADDRESS - REQUIRED: _____)

5. Name: _____ Title: _____
City: _____ State: _____
(EMAIL ADDRESS - REQUIRED: _____)

(Please limit the number of representatives in your exhibit space to no more than 2 at any one time.)