

Exhibitor Application

**Alaska Nurse Practitioner Association
26th Annual Conference
Exhibit Dates: September 24, 25, 26, 2009**

**Location: Anchorage Marriott
820 W. 7th Ave., Anchorage, AK 99501**

Company Name: _____

Contact Person: _____

Mailing Address: _____

Phone: _____ **Email:** _____

Special needs or requirements for exhibit table (ie: electric outlet)
(Internet access available for \$75/day)

Names of participating representatives: _____

We are able to support the ANPA by sponsoring:

_____ Exhibit Table \$750

_____ Break (\$1500)

_____ Continental Breakfast (\$4000-partial sponsorship available)

_____ Luncheon (\$5000-partial sponsorship available)

_____ Other (unrestricted grant, equipment, supplies – please specify)

_____ Sponsor a speaker

*****One Free Exhibit space with \$5000 of sponsorship*****

Please reserve your space as soon as possible. Mail to Alaska Nurse Practitioner Association, 3701 E. Tudor Road, Suite 208, Anchorage, AK 99507. ANPA Tax ID# 94-303-0037

Contact Maggie Barnett with questions. (907)550-2263 or mbarnett@alaskaheart.com