

Workshop/Presentation

Application Form

American Association of Nurse Anesthetists

August 7-11, 2010 Seattle, Washington

Through sponsorship opportunities, the AANA invites you, the exhibitor, to become a partner in offering AANA members an organized learning experience that enhances knowledge and skills in various practice settings.

PreConvention Workshop Corporate-Sponsored Presentation



Instructions:

All information must be typewritten. Both boxes must be completed or application will be returned. Identify all attachments with the name of the sponsoring company and the title of the presentation.

Sponsoring Company Name

Third Party Company

Sponsoring Company Mailing Address

Third Party Mailing Address

City, State, Zip

City, State, Zip

Contact Name of Sponsoring Company/Title

Third Party Contact Name/Title

Sponsoring Company Telephone

Third Party Telephone/Fax/Email

Title of Presentation

Required Attachments:

1. Speaker Information – Attachment #1 – Include curriculum vitae, full name, credentials, position, place of employment, facility, city and state, address for correspondence, home and business telephone numbers, fax number, and e-mail.
2. Content Summary – Attachment #2 – In four to six sentences, summarize the content of the session to be presented.
3. Learner Outcomes – Attachment #3 – List two to four outcomes the participant should be able to do after attending the session. Each learner outcome must start with a verb, contain only one thought, and be measurable.
4. Promotional Materials – Attachment #4 – Describe any promotional handout materials you plan to submit for attendee online access.

Required Submissions: The following materials MUST accompany your application for your company to be considered for this educational activity.

a. Completed application form and required attachments for each presentation.

b. Full application fee for each presentation (if program is cancelled, \$3,500 of the total sponsorship fee is nonrefundable).

For Office Use Only:

Check #

Amt.

Date Received

The undersigned has read and agrees to abide by the guidelines set forth in this agreement or as may be subsequently designated by the AANA. Failure to adhere to such guidelines will result in forfeiture of all monies paid or due the AANA under the terms of this agreement.

Signature

Date

Deadline: December 15, 2009

Return application form to:

Cindy L. Wood, CMP

Director of Programs and Meeting Services

American Association of Nurse Anesthetists

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