



## 2010 TNA & TASN Joint Convention - Exhibit Information

October 22-24, 2010  
Franklin Marriott Cool Springs  
Franklin, Tennessee



### Exhibition Date and Time

Saturday, October 23, 2010  
11:00 a.m. – 1:00 p.m.

### Location

Franklin Marriott Cool Springs  
700 Cool Springs Blvd.  
Franklin, TN 37067

## NEW IN 2010 - MORE FOR YOUR MONEY!

The Tennessee Nurses Association is joining forces with the Tennessee Association of Student Nurses for a "Joint Adventure" in 2010. This will expand the potential attendees (your customers) in the exhibit hall exponentially. Please join us!

### Exhibit Fee

Rental fee for each tabletop display is \$645. A signed contract must be returned to the Tennessee Nurses Association (TNA) to confirm your participation. Payment must be received by September 18, 2010. Failure to make payment by that date may result in forfeiture of space. Additional tickets may be purchased. See agreement on the following page of this document.

### Cancellation Policy

No refunds will be given for cancellation after September 18, 2010. Cancellations received prior to that date will be assessed a cancellation charge of \$50.

### Exhibitor Set-Up and Dismantle

Setup begins at 8:00 a.m. (EST) on Saturday, October 23, 2010. All exhibits must be set no later than 10:30 a.m. Companies may begin removing their displays after 1:00 p.m. and must be completed by 2:00 p.m. TNA assumes no responsibility for items left in the exhibit area. Exhibitors agree to remove all materials that obstruct fire exits or create a hazard to the event.

### Table Assignment

TNA will not assign specific exhibit space and table locations will be available on a first-come, first-served basis. Please note that the only exception to this rule will be for those companies providing support at the Diamond, Platinum and Gold Partner levels. TNA reserves the right to make the final decision on the allocation of tables and spaces. Exhibitors may not assign, sublet, or share space without prior consent of TNA.

### Equipment Supplied

Space rental is limited to a tabletop display and includes one 6' table, draped and skirted, and two chairs. Please note that TNA will not supply or pay for any special services, equipment or facilities. Electrical service to exhibits is available for an additional charge of \$45 per table.

### Parking

Complimentary, on-site parking is available for hotel guests at Franklin Marriott Cool Springs.

### Shipping & Storage

On packages shipped to the Hotel, clearly indicate the name of your organization, on-site contact person, hotel representative and date of your arrival. Please label all boxes (e.g. 1 of 4, 2 of 4, etc.). This enables the Hotel to determine whether or not the entire shipment has been received. Due to limited storage space, you must not ship packages earlier than 3 days prior to your arrival. The Hotel does not receive any C.O.D. shipments. At the conclusion of your meeting, the Loss Prevention Department will assist you in shipping packages out of the Hotel at a nominal fee. The Hotel does not accept responsibility for packaging and sealing boxes. Note: Companies that intend to ship numerous boxes, please confirm storage space capacity by calling Franklin Marriott Cool Springs at 615-261-6100 prior to shipping.

### Overnight Accommodations

To make a room reservation at the Franklin Marriott Cool Springs, you must call 888-403-6772. To receive the TNA Group Rate, you must mention that you are with the Tennessee Nurses Association and make your reservation prior to the cut-off date. After this date, reservations are subject to availability. Check-in time is 4 p.m. and Check-out time is 12:00 p.m. (CST).

### Liability

It is expressly understood that the exhibitor assumes total responsibility and hereby agrees to protect, indemnify, defend and hold harmless the Tennessee Nurses Association, Franklin Marriott Cool Springs and all agents and employees of these, against all claims, losses and damages to persons or property, governmental charges or fines and attorney fees arising out of or caused by installation, removal, maintenance, occupancy or use of the premises or a part thereof. Exhibitor acknowledges that neither TNA nor the Franklin Marriott Cool Springs maintains insurance covering the exhibitor's property and that it is the sole responsibility of the exhibitor to obtain general liability insurance coverage. TNA and the Franklin Marriott Cool Springs do not guarantee exhibitor against loss by theft or otherwise.

## Exhibit Agreement

We hereby apply for exhibit space for our use at the 2010 TNA & TASN Joint Convention. We understand that this application, when received by TNA, becomes a binding contract. Exhibit fees are \$645 for each tabletop. Full payment must be received by September 18, 2010. Failure to make payment by that date may result in forfeiture of space. Cancellations received after September 18 will receive no refund. Any exhibitor who has not paid their fee prior to, or has not cancelled their reservation to exhibit by September 18 will be liable for the exhibit fee.

\_\_\_ Check here if you require special accommodations in order to participate. A TNA representative will contact you.

\_\_\_ Number of tabletop exhibit spaces desired.

\_\_\_ Number of company representatives attending.

Your rental fee covers representation for two individuals who will be provided with name badges and luncheon tickets. You may purchase a maximum of two additional representative name badges and luncheon tickets at the rate of \$50 per person. Under no circumstances will an exhibit space be manned by more than four individuals. Companies wishing to send more than four representatives must purchase additional exhibit space.

Representative #1 (complimentary with exhibit space)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Representative #3 (additional \$50 charge)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Representative #2 (complimentary with exhibit space)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Representative #4 (additional \$50 charge)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

By the signature below, the individual signing this agreement represents and warrants authorization to execute this binding agreement on behalf of the named company/organization.

Name (please print): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Company/Organization Name \_\_\_\_\_  
(as you want it to appear in signage and promotional materials):

Contact person (if different from above):

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Total Amount due: \$ \_\_\_\_\_ Method of payment: \_\_\_\_\_ Check \_\_\_\_\_ Credit Card

Credit Card Number \_\_\_\_\_

Expiration Date (mm/yy) \_\_\_\_\_

Verification Code \_\_\_\_\_ MC/VISA – 3 digits from back \_\_\_\_\_ AMEX – 4 digits from front

Cardholder's Name \_\_\_\_\_

Cardholder's Address \_\_\_\_\_

Cardholder's Address \_\_\_\_\_

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

Signature \_\_\_\_\_

**Please return completed agreement to:**

Tennessee Nurses Association • 545 Mainstream Drive, Suite 405 • Nashville, TN 37228-1926

Phone: 615-254-0350 • Fax: 615-254-0303