

Doctors of Nursing Practice, LLC
Doctors of Nursing Practice Professional Development, Inc.
 6671 West Indiantown Road, Suite 56-103
 Jupiter, FL 33458
 V 888.651.9160, F 888.316.6115
www.DoctorsofNursingPractice.org



Exhibit Space and Sponsorship Application & Contract

Doctors of Nursing Practice 3rd National Conference, September 29-October 1, 2010

Hilton San Diego Resort & Spa, San Diego, CA 92109

I. Exhibitor Information: Company name to be listed in the program as follows:

Company Name		Address	
City	State	ZIP	
Voice	Fax	Website	

Please indicate the individual to who we should direct all correspondence regarding your exhibits.

Contact Person	Email	Phone
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Please email a brief 50 word or less description of your product or service for inclusion in our printed program to info@DoctorsofNursingPractice.org with “2010 Exhibit Listing” in the subject line. DNP, LLC reserves the right to edit for space.

II. Exhibit Fee: Please check all that apply.

- \$800 in line single booth space
- \$1500 double booth space
- \$50 per day, per person for additional representatives (two representatives included)

Total: _____

III. Retail Pricing

Vendors who sell retail products should contact Joyce Williams for exhibitor booth pricing.

IV. Sponsorship Opportunities

Please contact us at info@DoctorsofNursingPractice.org or call us at 888.651.9160 to discuss your sponsorship preference. There are multiple opportunities at various price points to consider.

V. Company Representatives

Please list the company representatives that will be attending the conference. Exhibitors are allotted two representatives per booth. The fee for additional representatives is \$50 per day (includes breaks, meals and social functions).

Company Representative – Name and Title as it will appear on badge

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VI. Method of payment (full payment must be made by September 1, 2010)

- Check enclosed (made payable to Doctors of Nursing Practice, LLC in U.S. funds)
Mail to address in letterhead

Credit Card Used (Master Card, Visa, American Express)

Credit Card Number*

Expiration Date*

CSV Code*

Amount to Charge*

Signature*

Billing Address (if different than above, please provide)

* = Required information

The above signature authorizes DNP, LLC to charge the above amount. Should the total be incorrect, DNP, LLC is authorized to charge or credit the correct total.

VI. Signature

We agree to pay the balance due no later than September 1, 2010. The exhibitor and all their staff agrees to abide by all terms, conditions and regulations set forth in the Rules and Regulations of the DNP, LLC Exhibitor Prospectus. All applications are subject to review and approval by DNP, LLC. This application will not become a binding contract until fully executed by both parties (exhibitor and DNP, LLC).

Authorized Signature	Title	Date
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Name (please print)

Mail or fax this entire form with minimum 50% deposit to:

**Doctors of Nursing Practice, LLC
c/o Dr. David G. O'Dell
6671 West Indiantown Rd, Suite 56-103, Jupiter, FL 33458
V 888.651.9160, F 888.316.6115**

(Only applications accompanied by credit card payment may be faxed.)

Please contact us at info@DoctorsofNursingPractice.org for any questions or concerns.