

**Tenth National DNP Conference  
New Orleans**

**Exhibitor's Prospectus**

**September 13-15, 2017**

**Intercontinental New Orleans**

**444 St. Charles Ave.**

**New Orleans, LA 70130**

**1.504.525.5566**



Dear Valued Partner:

***Doctors of Nursing Practice, Inc. (DNP, Inc.)*** is pleased to invite you to the Tenth National DNP Conference New Orleans, September 13-15, 2017 at the Intercontinental New Orleans.

The 10<sup>th</sup> National DNP Conference is anticipating more than 400-advanced practice-doctoral prepared nursing professionals. Please consider sharing your products and services to this target audience. DNP Conference attendees include managers, administrators, educators, nurse practitioners and government contractors. In previous conferences over 45 states were represented at the conference. The Doctors of Nursing Practice Conference is the only conference specifically designed for DNP graduates and educators of the nursing practice doctorate in the country.

Maximize your exposure at the conference by choosing specific ***DNP, Inc.*** sponsorship opportunities to fit your marketing needs. If you have any questions about this event or suggestions for other sponsorship opportunities that will fit the format of the Doctors of Nursing Practice Conference, please contact me at 1.888.651.9160 or [skco@dnvinc.org](mailto:skco@dnvinc.org). We look forward to seeing you in New Orleans!

Sincerely,

*Stephen Campbell-O'Dell*  
*Director of Operations*  
*Doctors of Nursing Practice, Inc.*

## **2017 Exhibit Hall Hours**

Wednesday, September 13, 2017 8:00AM-5:00PM

Thursday, September 14, 2017 8:00AM-5:00PM

Friday, September 15, 2017 8:00AM-12:00PM

## **Application and Eligibility**

Applications for booth space must be made on the printed form provided by the *Doctors of Nursing Practice, Inc. (DNP, Inc.)* in this packet. These forms must contain the information requested and executed by an individual who has authority to act for the applicant organization. This exhibition is designed for the display and demonstration of products and services related to the practice of and professional education of those attending the Doctors of Nursing Practice Conference. *DNP, Inc.* shall determine the eligibility of any company, product or service. *DNP, Inc.* may reject the application of any company whose display of goods or services is not compatible, in the sole opinion of the *DNP, Inc.* with educational character and objectives of the exhibition. In the event an application is not accepted, any paid space rental fees will be returned.

## **2017 Exhibitor Packages**

### **Single Booth Space \$1200.00**

- A single booth space package includes one 7ft. x 30in. table
- Two exhibitor registrations
- A ¼ page black and white advertisement in the printed conference program
- Your logo with a link to your company's website posted on the conference Exhibitor / Sponsor page.

### **Double Booth Space \$1800.00**

- A double booth space package includes two 7ft. x 30in. tables
- Two exhibitor registrations
- A ½ page black and white advertisement in the printed conference program
- Your logo with a link to your company's website posted on the conference Exhibitor / Sponsor page.

### **Additional Booth Space \$400.00**

If you have already purchased a double booth space and wish to have more space for your exhibit, or for attendees to fill out questionnaires you may purchase a third booth space.

### **Additional Representative \$150.00**

Add an additional representative to your booth

## **2017 SPONSORSHIP OPPORTUNITIES**

### **Gold Sponsorship \$3500.00**

The Gold Sponsorship package includes a single booth space for exhibiting (a \$1200 value), a verbal announcement at the conference of your contribution and support, a full-page color advertisement in the printed conference program (\$1500 value), one month 1/4 page advertising in the DNP monthly e-newsletter OUTCOMES (a \$260 value), and two conference registration (a \$940 value). Your logo with a link to your company's website will be posted on the conference Exhibitor / Sponsor page.

### **Silver Sponsorship \$2500.00**

The Silver Sponsorship package includes a verbal announcement at the conference of your contribution and support, a 1/2-page color advertisement in the printed conference program (\$1000 value) PLUS one month 1/4 page advertising in the DNP monthly e-Newsletter OUTCOMES (a \$260 value) reaching an audience of over 11,000! Your logo with a link to your company's website will be posted on the conference Exhibitor / Sponsor page.

### **Bronze Sponsorship \$1500.00**

The Bronze Sponsorship package includes a verbal announcement at the conference of your contribution and support, a 1/4-page black and white advertisement in the printed conference program (\$325 value) PLUS one month 1/4 page advertising in the DNP monthly e-newsletter OUTCOMES (a \$260 value) reaching an audience of over 11,000! Your logo with a link to your company's website will be posted on the conference Exhibitor / Sponsor page.

### **Sponsor a Keynote Speaker \$2000.00**

Demonstrate your support by sponsoring a keynote speaker. Your contribution highlights the education of doctoral prepared nurses through continuing education. Your sponsorship is acknowledged through an announcement before the presentation, inclusion in the printed conference program, a 1/2 page black and white advertisement in the program (a \$750 value), and two-month 1/4 page color advertising in the DNP monthly e-Newsletter OUTCOMES (a \$520 value) reaching an audience of over 11,000! Your logo with a link to your company's website will be posted on the conference Exhibitor / Sponsor page.

### **Sponsor the Conference Bags Product \$1000.00**

Your sponsorship of the conference bags supports networking, presenter and continuing education. All attendees will recognize your contribution to this event with your organization's logo printed on the conference bag. Announcements of your support are made during the general sessions, listed in the printed program, and a ½ page black and white advertisement in the printed program (a \$750 value). Also receive one-month ¼ page color advertising in the DNP monthly e-Newsletter OUTCOMES (a \$260 value) reaching an audience of over 11,000! Your logo with a link to your company's website will be posted on the conference Exhibitor / Sponsor page.

### **Sponsor a Conference Luncheon \$1200.00**

The luncheon is a showplace for your sponsorship. Your support will be highlighted through announcements in the general session, during the luncheon, and also receive a ½ page black and white advertisement in the printed program (a \$750 value). Your logo with a link to your company's website will be posted on the conference Exhibitor / Sponsor page.

### **Sponsor a Conference Break \$1000.00**

Show your support and reach all that attend the conference. You will be recognized in the conference program as a sponsor, and also through announcements in the general sessions and receive a ¼ page black and white advertisement in the printed program (a \$325 value). Your logo with a link to your company's website will be posted on the conference Exhibitor / Sponsor page.

### **Booth Assignment**

Every effort will be made to assign booths as requested. In the event this is not possible, conference management reserves the right to assign the exhibitor to a similar space.

### **Payment Dates**

A 50% deposit is due with the completed Application and Contract to Exhibit. The deposit must accompany the application for processing. If the contract is submitted on or after **August 1st, 2017**, the full booth rental fee is due with the completed contract. Payment may be made by check or credit card. Exhibitors are responsible for ensuring their corporate office sends payment in a timely manner. Purchase orders will not be accepted without prior authorization by the exhibit hall liaison.

**Full payment for booth space rental is due by August 1, 2017.** In the event that full payment is not received by that date, **DNP, Inc.** reserves the right to release space back into general inventory. Exhibitor space will be limited so please reserve early.

## **Cancellation Policy**

Cancellation of exhibit space or reduction of reserved space must be made in writing and sent to the exhibit hall liaison. In the event of cancellation, ***DNP, Inc.*** has the right to use said space to suit its own convenience, including selling space to another exhibitor, without rebate or allowance to the cancelled exhibitor.

## **Cancellation Date Penalty**

***DNP, Inc.*** policy of cancellation is as follows: Cancellations received on or before **June 30, 2017** will incur a \$200 administrative fee. Cancellations between **July 1 and August 12, 2017** will have 50% of original contracted booth rental fee returned. For cancellations received on or after **August 13, 2017 no refund is provided.**

## **Housing**

All exhibitors and their representatives are responsible for their own lodging arrangements. A discounted room block is available on a first come first serve basis at the Intercontinental Hotel New Orleans.

## **Exhibit Staff Registrations**

Exhibit hall registration of two representatives per paid booth will be complimentary, provided that registration is received by ***DNP, Inc.*** **There will be a \$150 charge for the registration of each additional booth representative.** Each exhibitor who registered in advance will receive a printed exhibitor badge available at the registration area at the conference facility. This badge will entitle registered exhibitors admission to all conference venues. Exhibitors must wear badges at all times, including setup, exhibit hours and dismantling.

## **Fire Regulations**

No exhibitor shall use any flammable decorations or coverings, and all fabrics or other materials used shall be flameproof.

## **Exhibit Space Floor Plan**

***DNP, Inc.*** reserves the right to modify the plan, if necessary, as determined by ***DNP, Inc.***, the resort staff, in collaboration with the exhibitor representatives.

## **Raffle/Prize Drawings**

The exhibitors shall be allowed to hold prize drawings at their booths. All prize drawing activities must be conducted within the exhibit hall. No announcements will be allowed in the meeting room unless pre-arranged with the conference planners. The exhibitor is responsible for contacting winners and delivery of prizes. Communication on the time of the drawing shall be available through signage at the exhibitor's booth.

## **Insuring Exhibits**

Exhibitors are responsible for obtaining any insurance that may be necessary to protect their exhibits, merchandise and display materials against theft, fire, etc. at their own expense. It is suggested by *DNP, Inc.* that the exhibitor contact the exhibitor's insurance broker and obtain all-risk insurance covering exhibit property while absent from home premises for exhibit purposes or a rider to the exhibitors existing policy covering same. Neither the exhibit facility nor the *DNP, Inc.* will be responsible for loss or damage to any property in storage, in transit to or from the exhibit building or while in the exhibit building, not for any loss of income as a result of any reduced sales due to such loss or damage. All property of the exhibit will be deemed to remain under the exhibitor's custody and control in storage, in transit to or from or with in the confines of the exhibit hall, even though may at times be under the temporary control or direction of *DNP, Inc.*

## **Liability for Damages and Losses to Property**

The exhibitor shall protect, indemnify and hold harmless the *DNP, Inc.*, the exhibit facility and the Official Contractor from any and all liability, loss, damage or expense by reasons of any injury or injuries sustained by any persons or property or loss of property or income that might be derived there-from occurring in or about the exhibit premises or entrances thereto or exits there-from, including that caused by or resulting from negligence of the *DNP, Inc.* and from any and all liability for breach of exhibitor's representation warranties herein. The exhibitor assumes the entire responsibility and liabilities for losses, damages and claims arising out of the exhibitor's activities on the Hotel premises and will indemnify, defend and hold harmless the Hotel, its owners and its management company, as well as their respective agents, servants and employees from any and all losses, damages and claims.

## **Miscellaneous**

***DNP, Inc.*** shall have the sole authority to interpret and enforce all terms and conditions governing exhibits and this exhibitor. Any and all matters not specifically covered herein are subject to decision by ***DNP, Inc.*** These terms and conditions may be amended at any time by the Organization upon written notice to all exhibitors. The exhibitor expressly agrees to be bound by the terms and conditions set forth herein and by any amendments thereto adopted by the ***DNP, Inc.*** from time to time.

## **Items you may provide to attendees with your logo**

Pens, Highlighters and Clipboards *Your company logo on each item.* Registration Bags. *Bags are distributed to all attendees.* Promotional Materials *your marketing materials included in every conference attendee's bag.*





**Exhibit Space and Sponsorship Application & Agreement  
Doctors of Nursing Practice 10<sup>th</sup> National Conference, New  
Orleans, September 13-15, 2017**

**Intercontinental New Orleans, 444 St. Charles Ave.  
New Orleans, LA 70130, 1.504.525.5566**

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

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**Company Name Address**

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**City State ZIP**

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**Voice**

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**Fax**

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**Website**

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**Contact Person**

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**Contact Person Email Phone**

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**II. Exhibit Fee: Please check all that apply.**

\_\_\_\_\_ **\$1200** in line single booth space

\_\_\_\_\_ **\$1800** double booth space

\_\_\_\_\_ **\$150** per person for additional representatives  
(2 representatives included)

\_\_\_\_\_ **\$400** Additional Booth Space. If you have already purchased a double booth space and wish to have more space for your exhibit, or for attendees to fill out questionnaires you may purchase a third booth space for a fraction of the cost.

\_\_\_\_\_ **Other Item(s)** \_\_\_\_\_

**Total:** \_\_\_\_\_

**III. Retail Pricing** Vendors who sell retail products should contact Stephen Campbell-O'Dell for booth pricing.

**IV. Sponsorship Opportunities** Please contact us at [skco@dnvinc.org](mailto:skco@dnvinc.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 representative that will be attending the conference. Exhibitors are allotted 2 representatives per booth. **The fee for additional representatives is \$150 (includes breaks, meals and social functions).**

**Company Representative #1– Name and Title, as it will appear on badge**

\_\_\_\_\_

**Company Representative #2 – Name and Title, as it will appear on badge**

\_\_\_\_\_

**Company Representative Add'l – Name and Title, as it will appear on badge  
(Additional fees apply for any additional representatives over 2)**

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**VI. Method of payment (full payment must be made by  
August 1, 2017)**

Check enclosed (made payable to Doctors of Nursing Practice, Inc. in U.S.  
funds) Mail to 1200 4<sup>th</sup> Street, Suite #232, Key West, FL 33040

**\* = Required information**

**Credit Card Used (Master Card, Visa, American Express) Credit Card  
Number\***

**If purchased online through the DNP website then no CC  
information is needed.**

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**Expiration Date\***

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**CSV Code\***

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**Amount to Charge\***

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**Signature\***

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**Billing Address (if different than above)**

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

**VI. Signature**

We agree to pay the balance due no later than August 1, 2017. The exhibitor and all their staff agree to abide by all terms, conditions and regulations set forth in the Rules and Regulations of the DNP, Inc. Exhibitor Prospectus. All applications are subject to review and approval by DNP, Inc. This agreement to exhibit does not begin until both parties (exhibitor and DNP, Inc.) agree to these guidelines.

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**Authorized Signature**

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**Name (please print)**

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

**Doctors of Nursing Practice, Inc.**  
**1200 Fourth Street #232 Key West, FL 33040**  
**V 888.651.9160, F 888.316.6115**

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

**Please contact us at [info@dnppinc.org](mailto:info@dnppinc.org) for any questions or concerns.**