22nd Annual Northeast Regional Nurse Practitioner Conference

Top Reasons to Exhibit:

Gain access to 450+ nurse practitioners and healthcare professionals

Promote products and services to your core audience

Interact with highly qualified and focused individuals with decision making and buying power

Marriott Boston Hotel, Newton, MA
Pre-Conference: Wednesday, May 6, 2015
Conference: Thursday and Friday, May 7-8, 2015

WWW.BC.EDU/NPCONFERENCE
Conference Background

The Northeast Regional Nurse Practitioner Conference was established in 1992 with the intent of providing continuing nursing education that expands the basic education and experience of nurse practitioners. It is our mission to assist nurse practitioners in maintaining professional expertise for the delivery of competent, quality advanced practice nursing care directed at improving clinical outcomes.

The sponsoring members are the Massachusetts Coalition of Nurse Practitioners, the New Hampshire Nurse Practitioner Association, and the Boston College William F. Connell School of Nursing Continuing Education Program.

Conference Audience

Nurse practitioners, nurse clinicians, midwives, physician assistants, and students Health Professionals of varying backgrounds and specialities

- Primary Care/Internal Medicine/Family Medicine
- Pediatrics
- Acute Care
- Women’s Health
- Gastroenterology
- Cardiology
- Other

*2014 Attendees

Hotel Info

A block of rooms has been reserved at the Marriott Boston Hotel in Newton, MA for the nights of Wednesday through Friday, May 6-8, 2015.

Special Rate expires April 8th - $162 single/double plus taxes

To book, please call the hotel directly at 800-228-9290 and indicate that you are attending the Northeast Regional Nurse Practitioner Conference.
Exhibit Setup
6:00 - 7:00 AM
THURSDAY, MAY 7
Conference Program
Registration / Exhibits / Continental Breakfast
7:15 - 8:00 AM
Refreshment Break / Exhibits
9:30 - 10:00 AM
Lunch / Assoc. Meetings / Exhibits
1:00 - 2:00 PM
Poster Session I / Exhibits
2:00 - 2:30 PM
Poster Session II / Exhibits
3:45 - 4:15 PM
FRIDAY, MAY 8
Conference Program
Registration / Exhibits / Continental Breakfast
7:30 - 8:45 AM
Refreshment Break / Exhibits
10:00 - 10:15 AM
Optional Lunch Symposium / Exhibits
11:45 AM - 12:45 PM
Exhibits
2:15 - 2:30 PM
Exhibitor Break-Down
2:30 - 5:00 PM
**Schedule Subject to Change

CONTACT US FOR MORE INFORMATION AT 617.552.4257 OR NPCONF@BC.EDU

Booth Opportunities

Premier - $1200 Early Rate / $1300 Regular Rate
- Located in lobby outside session rooms
- Limited availability
- Wednesday Pre-Convention Exhibition - $500

Exhibit Floor - $900 Early Rate / $1000 Regular Rate
- Located in exhibit hall with refreshment breaks

Sponsorship Opportunities

Continental Breakfast - $800
- Recognition on Signage and Flyers
- Thursday or Friday

Popcorn Machine at Afternoon Break - $600
- Recognition on Signage and Flyers
- Thursday or Friday

Refreshment Breaks - $800
- Recognition on Signage and Flyers
- Thursday or Friday, Morning or Afternoon

Exhibit Floor Challenge Prize - $500
- Recognition on Signage, Scorecard and Prize Announcement

WI-FI - $600
- Recognition on Signage and Flyers

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WI-FI - $600
- Recognition on Signage and Flyers

Exhibit Hall Schedule

WEDNESDAY, MAY 6
Pre-conference Workshops
Exhibitor Setup
6:00 - 11:00 PM

THURSDAY, MAY 7
Conference Program
Exhibitor Setup
6:00 - 7:00 AM
Registration / Exhibits / Continental Breakfast
7:15 - 8:00 AM
Refreshment Break / Exhibits
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Reservation Application for Exhibitors

PLEASE SIGN AND RETURN APPLICATION

We hereby apply for exhibit space for our use at the 2015 Northeast Regional Nurse Practitioner Conference, May 6-8, 2015. We understand that this application becomes a contract when signed by us and accepted by NRNPC. All applications must be on this form. Space is limited to first paid, first served. Signature and Fee are required to guarantee space.

Cancellation Policy: Cancellations by exhibitor prior to January 15, 2015 receive an 80% refund on booth and sponsorship reservations that are cancelled. Cancellations by exhibitor prior to February 25, 2015 receive a 50% refund. Refunds are not available for cancellation after February 25, 2015.

PAYMENT IS DUE 14 DAYS FROM SIGNING OF CONTRACT

Company Contact: ______________________________ Title: ______________________________

Company Name: ______________________________

Product Name: ______________________________

Company Address: ______________________________ City: ______________________________ State: ______ Zip: ______________________________

Phone: ______________________________ Fax: ______________________________

E-mail: ______________________________ Website: ______________________________

Signature: ______________________________ Date: ______________________________

EXHIBIT PRICING

Early Bird Rate: Payment received on or before February 23
Exhibit booth: May 7 and 8 .......................................................... ☐ $1200 ☐ $900
Payment received after February 23
Exhibit booth May 7 and 8 .......................................................... ☐ $1300 ☐ $1000
Exhibit booth: Pre-Conference May 6 ........................................... ☐ $500 Exhibit Total.........

SPONSORSHIP PRICING

Refreshment Break - Please select date and time
May 7 ☐ am ☐ pm | May 8 ☐ am ☐ pm ........................................... ☐ $800

Exhibit Hall Challenge Prize ......................................................... ☐ $500

Continental Breakfast - Please select date
May 7 ☐ | May 8 ☐ .......................................................... ☐ $800

Popcorn Machine at Afternoon Break - Please select date
May 7 ☐ | May 8 ☐ .......................................................... ☐ $600
Wi-Fi ......................................................................................... ☐ $600 Sponsorship Total....

TOTALS Exhibit Total ___________ Sponsorship Total ________ GRAND TOTAL $ ___________

PAYMENT INFORMATION

☐ American Express ☐ Mastercard ☐ Visa ☐ Check Number: ______________________________

Card # ______________________________ Exp. date ___________

Name on Card: ______________________________

Print Name: ______________________________

Signature: ______________________________

ONCE COMPLETED, SUBMIT THIS FORM:
BY MAIL: Boston College
Continuing Education Program
Service Building 206
140 Commonwealth Avenue
Chestnut Hill, MA 02467

BY EMAIL: npconf@bc.edu

BY FAX: 617.552.3411