



## BOSTON COLLEGE

OFFICE OF CONTINUING EDUCATION  
WILLIAM F. CONNELL SCHOOL OF NURSING

Dear Exhibitor:

Reserve your exhibit space now for the 16<sup>th</sup> Annual Northeast Regional Nurse Practitioner Conference on Thursday, May 7<sup>th</sup> and Friday, May 8<sup>th</sup>, 2009. This conference is sponsored by the Massachusetts Coalition of Nurse Practitioners and the New Hampshire Nurse Practitioner Association, and is under the direction of the Boston College William F. Connell School of Nursing, Continuing Education. This year's conference will be held at the Boston Marriott Hotel in Newton, Massachusetts. This annual conference attracts over 500 attendees. It is the premiere event for Nurse Practitioners and exhibitors in the New England region with over 50 sessions. Over 50 expert guest speakers will be presenting a variety of clinical topics to meet the needs of both the primary-based and specialty-based Nurse Practitioner. In addition, it is the annual association meetings of both the Massachusetts and New Hampshire Nurse Practitioner organizations and they will host the annual gala reception on Thursday evening for the presentation of the annual Nurse Practitioner of the Year awards for Massachusetts and for New Hampshire.

The planning committee invites you to participate in the support of this exciting conference. Your support makes it possible to plan a conference of this size and scope.

Support may be provided in several ways:

- Purchase exhibit space
- Sponsor a refreshment break(s)
- Sponsor our evening reception on May 7th

**Boston College TAX ID # 04-2103545**

To speak directly with Vicky Barges, Conference Administrator, call the conference hotline at Boston College, 617-552-4257. Last year our exhibit space sold out, so take advantage of our "Early Bird" rates and secure your exhibit site today! **Early Bird ends February 27, 2009.**

We look forward to working with you as we prepare for another spectacular Northeast Regional Nurse Practitioner Conference in Newton, Massachusetts.

Sincerely,

*Jean Weyman*

Jean Weyman, Ph.D., RN  
Director, Continuing Education Program

Vendor forms are available online at [www.bc.edu/npconference](http://www.bc.edu/npconference). Select Forms → NRNPC Exhibit Application  
**On-site registration will not be available**

Direct communication to: Boston College  
William F. Connell School of Nursing  
Continuing Education Program  
Service Building Room 206  
Attn: NP Conference  
Chestnut Hill, MA 02467-3812

Phone (617) 552-4257  
Fax (617) 552-3411  
Please make checks payable to  
The Trustees of Boston College

**NORTHEAST REGIONAL NURSE PRACTITIONER CONFERENCE  
APPLICATION FOR CONFERENCE SUPPORT**

Newton Marriott Hotel  
2345 Commonwealth Avenue, Newton, MA 02466  
Pre-Conference May 6, 2009  
Conference May 7 - 8, 2009

	<b>Price</b>	<b>Sponsorship Name</b>	<b>Total Due</b>
Exhibit booth on May 7 & 8, 2009 (Early Bird Payment <u>on or before</u> February 27)	\$800.00		\$ _____
Exhibit booth on May 7 & 8, 2009 (Regular registration <u>after</u> February 27)	\$900.00		\$ _____
Exhibit booth at Pre-Conference May 6, 2009	\$400.00		\$ _____
Refreshment Break(s) four @ \$1,500./each May 7 <input type="checkbox"/> am <input type="checkbox"/> pm    May 8 <input type="checkbox"/> am <input type="checkbox"/> pm	\$1,500.00		\$ _____
Reception Sponsorship	\$3,000.00		\$ _____
		<b>TOTAL DUE</b>	\$ _____

**YOUR INFORMATION**

(Please type or print)

Company Name \_\_\_\_\_  
(Exactly as it should appear on your ID sign and promotional materials)

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**THIS CONTRACT IS YOUR INVOICE**

Please retain a copy of this form for your records. Reservations are not final until full payment is received. Payment must be received to be listed in the Event Program. All fees/deposits must be received in our office 60 days before the event. Please fax a copy of this form to your sales professional.

**DEADLINE FOR CONTRACT & PAYMENT:  
60 Days Prior**

**CREDIT CARD PAYMENTS**

\_\_\_\_\_ VISA    \_\_\_\_\_ M/C    \_\_\_\_\_ AmEx

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Today's Date \_\_\_\_\_

Name as printed on card \_\_\_\_\_

Signature \_\_\_\_\_

The above information is correct to my knowledge.

I agree to pay the Trustees of Boston College fees according to my credit card issuer agreement.

**CONTACT US**

For additional information, please call us at (617) 552-4257 or visit [www.bc.edu/npconference](http://www.bc.edu/npconference)

**Support checks should be made out to:  
Trustees of Boston College  
Conference Tax ID# 04-2103545**

**Please return this contract and a check to:  
Boston College  
William F. Connell School of Nursing  
Continuing Education ATTN: NP Conference  
Service Building, Second Floor Room 206  
Chestnut Hill, MA 02467-3812  
(617) 552-3411 fax**