

PRESENTED BY TEXAS NURSE PRACTITIONERS

2012 TNP ROAD SHOW

FEBRUARY 24, 2012
SOUTH SHORE HARBOUR RESORT

TOPICS INCLUDE:
PHARMACOLOGY UPDATES &
INTERACTIVE LEGISLATIVE TRAINING

TNP ROAD SHOW SPONSORSHIP OPPORTUNITIES

SPONSORSHIP OPPORTUNITIES

All Sponsors will receive the following benefits:

- "Thank You" recognition in the Road Show Program
- Recognition as a sponsor at the Road Show
- Sponsor Ribbons

Gold Level Sponsor (\$4,500)

Gold Level Opportunity:

- Lunch Sponsorship (*opportunity for one hour lunch presentation*)

Gold Level Sponsors will receive the following:

- Full page ad in the Road Show Program
- Featured in the online brochure
- Table Top Exhibit booth
- Special recognition signage at the Road Show
- Inserts in the attendee tote bags

Silver Level Sponsor (\$3,000)

Silver Level Opportunity:

- Continental Breakfast Sponsorship

Silver Level Sponsors will receive the following:

- Half page ad in the Road Show Program
- Featured in the online brochure
- Special recognition signage at the Road Show
- Inserts in the attendee tote bags

Bronze Level Sponsor (\$2,000)

Bronze Level Opportunities:

- Sponsored Breaks
- Badge Holders

Bronze Level Sponsors will receive the following:

- Quarter page ad in the Road Show Program
- Featured in the online brochure
- Special recognition signage at the Road Show

Table Top Exhibiting Opportunities: \$350

2012 CONTRACT FOR EXHIBIT BOOTHS & SPONSORSHIP

Texas Nurse Practitioners | 2012 TNP Road Show | League City, Texas | February 24, 2012

Jan Allen, CMP
 Phone/Fax: 512.312.2134
 E-mail: jae4@prodigy.net

Mail or fax completed contract with payment to:
 2011 TNP Road Show - League City
 4425 S. Mopac | Building III, Suite 405
 Austin, TX 78735 | Fax: 512.312.2134

ALL SECTIONS MUST BE COMPLETELY FILLED OUT BEFORE YOUR CONTRACT WILL BE PROCESSED.

SPONSORSHIP OPPORTUNITIES	
DESCRIPTION	PRICE
<input type="checkbox"/> Gold Level Sponsor	\$4,500
<input type="checkbox"/> Silver Level Sponsor	\$3,000
<input type="checkbox"/> Bronze Level Sponsor	\$2,000
<input type="checkbox"/> Table Top Display	\$350
SPONSORSHIP TOTAL:	\$ _____
ADVERTISING OPPORTUNITIES	
DESCRIPTION	PRICE
<input type="checkbox"/> Back Cover Ad (Full Page - CMYK)	\$1,000
<input type="checkbox"/> Front Inside Cover Ad (Full Page - CMYK)	\$750
<input type="checkbox"/> Back Inside Cover Ad (Full Page - CMYK)	\$750
<input type="checkbox"/> Interior Ad (Full Page - Black & White)	\$600
<input type="checkbox"/> Half Page Ad (Half Page - Black & White)	\$400
<input type="checkbox"/> Quarter Page Ad (Quarter Page - Black & White)	\$300
ADVERTISING TOTAL:	\$ _____
TOTAL BALANCE DUE:	\$ _____

EXHIBITOR INFORMATION

The information you provide is where all correspondence will be sent. Please ensure that the information you have provided is how you want your company listed in the Road Show Program.

Company/Organization Name _____

Contact Name _____

Title _____

Physical Address _____

City _____ State _____ Zip _____

Phone _____ Toll Free (800) _____

Cell Phone _____ Fax _____

E-mail _____

Web Page Address _____

DISPLAY PRICE INCLUDES: Two complimentary badges, which must be worn at all times. Additional badges can be purchased for \$25.00 each. Also included: one table and two chairs.

REGISTRATION: Road Show registration is required of all participants and will not be waived for sponsors. Exhibitors who wish to attend the Road Show must register.

CONTRACT SUBMISSION: Your contract must be accompanied by full payment for your application to be processed.

CANCELLATION: Full refunds will be granted less a 25% processing fee for space canceled. All refunds must be requested in writing and postmarked on or before January 1, 2012. No refunds will be granted for display space or advertisements canceled after January 1, 2012.

PAYMENT

Credit cards will be debited for full booth payment unless otherwise indicated. Full payment is due with contract.

Check enclosed made payable to TNP.

Check #: _____ Check Amount: \$ _____

Charge: MasterCard Visa Discover AMEX

Card Number _____ Security Code _____ Exp. Date _____

Billing Address _____ City/State _____ Zip _____

Name on Card _____

Signature _____