



CTAPRNS

Connecticut Advanced Practice Registered Nurse Society

To: Pharmaceutical Representatives and Other Vendors

From: Pam McLaughlin Vendor Coordinator of APRNS Annual Spring Meeting and Pat Casey, Continuing Ed Chair

Topic: Vendor/Pharmaceutical Sponsorship Request Form

Event: CTAPRNS Annual Spring Meeting

Date: Wednesday April 30, 2008

Place: "Mystique" Cruise Ship-Dockside at Harbor Park Landing, Middletown, Ct'

Conference Time: 4:00pm-9:00pm

Approximate Exhibit Times: 4:00pm-8:00pm

NOTE**Dinner will be served- we will include TWO reps per company for dinner.**

CTAPRNS is open to ALL Advanced Practice Registered Nurses in Connecticut, including psychiatric APRNs and Clinical Nurse Specialists.

The fee for exhibit tables is \$750.00, checks payable to CTAPRNS and mailed to our organization address below. *If you wish to pay by credit card, it can be done by paypal if you have an existing paypal account through the CTAPRNS web site@ CTAPRNS.org.*

Our tax ID # is 06-1083899.

Please contact me for any other information:

Pam McLaughlin APRN: 203-384-3690, npmcla@bpthosp.org

Patricia Casey APRN-CDE 203-510-0041 patriciacasey@sbcglobal.net

Please complete the form on the following page and submit with your check or separately if paying by credit card using paypal.

(Note in the memo section of check the Rep's name or the actual company that the check is paying for if different from the parent company name on the check.)

CHECKS PAYABLE TO: Connecticut Advanced Practice Registered Nurses Society.

MAILING ADDRESS:

C/O Treasurer- Gail Frahm

4 Montclair Drive

West Hartford, CT. 06107

Thank you so much for your support of our organization. We are extremely grateful for your financial support and continued support of advanced practice nurses in Connecticut.

Sincerely,

Pam McLaughlin

CTAPRNS

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CTAPRNS Vendor/Pharmaceutical Representative Form

Company Name _____

Products Displayed _____

Representative's Name(s): _____

Address: _____

Phone/Voicemail: _____

Email: _____

Please check one or more of the following: (please call me if you wish to pay by credit card; it may be done by Pay Pal through our CTAPRNS.org web site)

_____ Please reserve an exhibit table. ____ The check for \$750 is enclosed.

____ Paid on paypal

_____ Please reserve an exhibit table. The payment of \$750 has been requested and it will be mailed by April 15, 2008.

_____ My organization wishes to sponsor beverages and/or snacks for one of the breaks, in addition to table sponsorship. Please circle which you would like to sponsor.