



## 2019 Legislative Summit

The Tennessee Nurses Association (TNA) respectfully requests your support of our upcoming *TNA Legislative Summit, to be held Wednesday, April 3, 2019 at Nashville's War Memorial Auditorium.* This event traditionally draws more than 1,000 nursing students, registered nurses (RNs) and advanced practice registered nurses (APRNs) from across the State of Tennessee. The one-day conference is an opportunity for attendees to learn the importance and impact of health policy on the nursing profession. In addition to offering continuing nursing education, the event provides attendees time to discuss their legislative priorities with elected officials and offers the opportunity to network with other nurses and students from schools of nursing across the state.

### TNA Legislative Summit Opportunities

Levels of Support	Advocate	Exhibitor	Sponsor
<b>Fees</b>	<b>\$156</b>	<b>\$364</b>	<b>\$520</b>
One Exhibit Table at War Memorial Auditorium *		☆	☆
Recognition in the Summer 2019 issue of the Tennessee Nurse	☆	☆	☆
Recognition in the Legislative Summit Program Information	☆	☆	☆
Verbal Acknowledgement During the Legislative Summit			☆
Event Signage			☆

\* Electricity is not available at the War Memorial Auditorium. Two company representatives per exhibit table. To send additional representatives, you must purchase additional exhibit space.

In order to be listed as a supporter in the printed materials, you must return your form and payment to TNA no later than Monday, March 18, 2019. To assist with your processing, our **tax ID number is 62-0382017.**

Cancellations must be received in writing before March 18, 2019 in order to receive a refund (minus a \$45 administrative fee). Cancellations received after March 18, 2019 will receive no refund.

TNA will not assign specific exhibit/table locations as they are available on a first-come, first-serve basis. TNA reserves the right to make the final decision on the allocation of tables and spaces. Exhibitors may not assign, sublet or share space without prior consent of TNA.

Set-up will begin at 8:00 a.m. on Wednesday, April 3, 2019 at the War Memorial Auditorium located at 301 Sixth Avenue North, Nashville, Tennessee 37243. All exhibits must be set no later than 9:15 a.m. Companies may begin removing their displays after 1:00 p.m. and must be completed by 1:30 p.m. TNA assumes no responsibility for items left in the exhibit area.

Check if you require special accommodations in order to participate. A TNA representative will contact you.

It is expressly understood that the exhibitor assumes total responsibility and hereby agrees to protect, indemnify, defend and hold harmless the Tennessee Nurses Association, War Memorial Auditorium and all agents and employees of these, against all claims, losses and damages to exhibitor's property, governmental charges or fines and attorney fees arising out of or caused by exhibitor installation and removal of exhibitor's property, maintenance, occupancy or use of the premises or a part thereof. Exhibitor acknowledges that neither TNA nor War Memorial Auditorium maintain insurance covering the exhibitor's property and it is the sole responsibility of the exhibitor to obtain general liability insurance coverage. TNA and War Memorial Auditorium do not guarantee exhibitor against loss by theft or otherwise.

Name of Organization \_\_\_\_\_  
(as it should appear in materials)

Contact \_\_\_\_\_

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

Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

Level of support (please circle) Advocate    Exhibitor    Sponsor

Exhibit Representative #1: \_\_\_\_\_

Email address \_\_\_\_\_

Exhibit Representative #2: \_\_\_\_\_

Email address \_\_\_\_\_

By signing below, the individual represents and warrants authorization to execute this binding agreement on behalf of the named company/organization.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Method of payment:  Check or  Credit Card  MasterCard  Visa  AMEX  Discover

Amount \$ \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Verification Code \_\_\_\_\_  
(3 digit number)

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Make checks payable to TNA and return by March 18, 2019:**  
TNA, 545 Mainstream Drive, Suite 405, Nashville, TN 37228-1296