



2009 Emergency Nurses Association Scientific Assembly

APPLICATION & CONTRACT TO EXHIBIT

2009 Emergency Nurses Association
 Scientific Assembly
 October 8-10, 2009
 Baltimore Convention Center
 Baltimore, MD

Make Checks Payable to:
 Emergency Nurses Association

Mail or Fax **BOTH SIDES OF THIS FORM**
 and 50% deposit to:
ENA
2009 ENA Scientific Assembly Exhibits
P.O. Box 1341
Bedford Park, IL 60499-1341
Phone: 847/460-4122
Fax: 847/460-4004

Only Applications accompanied by a credit card payment may be faxed.

COMPANY NAME
 (Print company name exactly as it should appear in the Program, ENA promotional materials, booth signs, and representatives' badges.)

STREET ADDRESS

CITY () STATE () ZIP/POSTAL CODE COUNTRY

TELEPHONE FAX

CONTACT PERSON TITLE

E-MAIL ADDRESS WEB ADDRESS

STREET ADDRESS (IF DIFFERENT FROM ABOVE)

CITY () STATE () ZIP/POSTAL CODE COUNTRY

TELEPHONE FAX

Who is the decision maker for educational programs or sponsorships?

NAME () TITLE ()

TELEPHONE FAX

E-MAIL ADDRESS

Is this the first time your company has exhibited with ENA? Yes No

If yes, how did you hear about our show? _____

BOOTH SELECTION

Please list up to six (6) preferred booth spaces; we suggest that you do not concentrate them in only one area of the hall. Every effort will be made to accommodate your request. Assignment will be based on the company's accumulated priority points.

1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____

COMPANIES YOU DO NOT WISH TO BE CLOSE TO: _____

COMPANIES YOU WISH TO BE CLOSE TO: _____

DEPOSIT AND PAYMENT INFORMATION AND SPONSORSHIP REQUEST

Size of space desired: _____ x _____ Total Amount Due: \$ _____

A 50% deposit must accompany the Application & Contract to Exhibit. Deposit can be made by check (in U.S. funds payable to ENA), MasterCard, VISA, American Express or Discover. Full payment for booth space must be received by July 30, 2009.

Credit Card Information: MasterCard VISA American Express Discover

CARD NUMBER EXPIRATION DATE

CARDHOLDER NAME (AS IT APPEARS ON THE CARD) CARDHOLDER SIGNATURE

CARDHOLDER BILLING ADDRESS (IF DIFFERENT FROM ABOVE)
 The above signature authorizes ENA to charge the above account. Should the total be incorrect, ENA is authorized to charge the correct total.

We agree to pay the balance due no later than July 30, 2009. We agree to abide by all of the requirements, restrictions, and obligations set forth in the Rules and Regulations as stated in the Exhibitor Prospectus. All applications are subject to review and approval by ENA. This application will not become a binding contract until fully executed by both parties (exhibitor and show management) hereto.

NAME TITLE

AUTHORIZED SIGNATURE DATE

Please contact me regarding sponsorship opportunities at the 2009 ENA Scientific Assembly. I am most interested in sponsoring _____

FOR ENA USE ONLY			
Points _____	Booth(s) Assigned _____	Combined Space? <input type="checkbox"/> Yes <input type="checkbox"/> No	Combined Booth # _____
Deposit Payment Method <input type="checkbox"/> Credit Card <input type="checkbox"/> Check	Check # _____	Date Deposit Rec'd _____	Accepted by _____
Balance Payment Method <input type="checkbox"/> Credit Card <input type="checkbox"/> Check	Check # _____	Date Balance Rec'd _____	Accepted by _____

2009 Emergency Nurses Association Scientific Assembly

COMPANY NAME:

Product Description/ Categories for ENA Program Book

1. Is your organization PhRMA compliant? YES NO
2. Is your organization AdvaMed compliant? YES NO
3. PhRMA and/or AdvaMed guidelines pertain to my organization? YES NO
4. Do you sell medical/patient care products? YES NO
If yes, are the medical/patient care products Latex-free? YES NO
5. **Product Description Instructions:** Please TYPE the copy EXACTLY as it should appear in the ENA Program Book. Describe your organizations product and/or services in detail using 50 words or less and return along with this document making sure to include your three selected categories (see below). You can either email to: lhickey@ena.org or print and fax to Liz Hickey @847.460.4004. Copy exceeding 50 words will be edited; ENA also reserves the right to edit for grammar, clarity, spelling, and style. This description must be submitted to ENA by July 31, 2009.

Questions? Please contact Liz Hickey at 847.460.4081 or Linda Moustis at 847.460.4077

Please check the *three* categories that best describe your products/services. *Only* the first three will be listed.

- 1 APPAREL
- 2 ARCHITECTURAL
- 3 ASSOCIATIONS and ORGANIZATIONS
- 4 BENEFITS

CARDIOVASCULAR

- 5 Catheters
- 6 Defibrillators
- 7 Fluid Warmers
- 8 IV Infusion Equipment
- 9 Pacemakers/Pacing Equipment
- 10 Patient Monitoring systems & Accessories
- 11 Pressure Infusers
- 12 Vital Sign Monitors

- 13 CONSULTING and CONTRACTED SVCS

DIAGNOSTICS

- 14 Blood Gas Analyzers
- 15 Diagnostic Testing
- 16 Specimen Containers

DOCUMENTATION

- 17 Chart/Charting Accessories
- 18 Assault/Abuse/Injury

EDUCATIONAL RESOURCES

- 19 Educational Providers
- 20 Educational Simulators
- 21 Manikins
- 22 Moulage

- 23 EQUIPMENT ORGANIZERS

ENT/MOUTH

- 24 Ear Irrigation Systems
- 25 Eye Irrigation Systems
- 26 Rhinology
- 27 Teeth

- 28 FURNISHINGS

GASTROINTESTINAL

- 29 Gastric Lavage/Gavage

GENERAL EQUIPMENT

- 30 Ambulatory Assist Devices
- 31 Carts
- 32 Environmentally Safe Disposable Equipment
- 33 Instruments/Instrument Holders
- 34 Lighting
- 35 Needles/Syringes/Injection Devices
- 36 Scales
- 37 Stethoscopes
- 38 Trays
- 39 Tube Holders

- 40 INSURANCE

INFORMATION TECHNOLOGY

- 41 ED Computerization
- 42 PCs, PDAs, hardware
- 43 Software

INTEGUMENTARY

- 44 Bandages/Dressings
- 45 Pain Management
- 46 Wound/Skin Care Products
- 47 Wound Closure Products

MEDICATION ADMINISTRATION

- 48 Medication Systems
- 49 Pharmaceuticals/Supplies

ORTHOPEDIC

- 50 Orthopedic Splints/Supports/Immobilizers
- 51 Soft Goods

PATIENT HANDLING EQUIPMENT

- 52 Exam Tables
- 53 Stretchers
- 54 Wheelchairs
- 55 Procedural Chairs

- 56 PUBLISHERS

- 57 RECRUITMENT/STAFFING
- 58 STRETCHER PADS

RESPIRATORY

- 59 Airway Management/Accessories
- 60 Capnography, Capnometry, CO2 Monitoring
- 61 Pulse Oximeters
- 62 Therapy Solutions

SAFETY

- 63 Decontamination Equipment/Training
- 64 Infection Control Equipment
- 65 Personal Protection Equipment Apparel
- 66 Restraints
- 67 Sharps Containers
- 68 SLIT LAMPS
- 68 THERMOMETRY
- 70 TRANSPORT (AIR/GROUND)

UROLOGIC

- 71 Urological Supplies

- 72 OTHER _____

Your Product Description and this form must be received by ENA no later than July 31, 2009. Thank you!