The Council for the Advancement of Nursing Science’s 2018 State of the Science Congress on Nursing Research provides a unique opportunity for you to reach nursing’s most influential leaders. Over 500 of nursing’s leading scientists and researchers are expected to attend this year’s conference to be held September 13-15, 2018 at the Hyatt Regency Washington on Capitol Hill.

Over three days, Council members, healthcare administrators, government employees, and the general public will engage in dynamic plenary sessions and networking events that showcase the extraordinary work that nurses are undertaking to advance nursing science and research to improve the health of our nation.

By participating as a sponsor, your organization will benefit from extended exposure through marketing campaigns and promotional efforts directed towards conference attendees, in addition to a strong presence on-site. We have opportunities for organizations of all sizes and are willing to work with you to customize a package that meets the needs of your organization.

Respectfully,

CHERYL G. SULLIVAN, CEO
American Academy of Nursing
2018 STATE OF THE SCIENCE CONGRESS PLANNING COMMITTEE
- Eileen Hacker, PhD, RN, AOCN, FAAN
  Indiana University
- Ann Marie McCarthy, PhD, RN, FAAN
  University of Iowa

ABSTRACT CHAIR
- Sharon Horner, PhD, RN, MC-CNS, FAAN
  The University of Texas at Austin

MEMBERS
- Lauren Clark, PhD, RN, FAAN
  University of Utah
- Patricia Eckardt, PhD
  The Rockefeller University
- Stephen Gonsalves, PhD, MPH, BC-FNP
  NIH/NHGRI
- Christine Kasper, PhD, RN, FAAN, FACSM
  Department of Veterans Affairs
- Ellyn Matthews, PhD, RN, AOCNS, CBSM, FAAN
  University of Arkansas for Medical Sciences
- Ann Margaret Navarra, PhD, CPNP-PC
  New York University
- Mary Rodgers Schuber, BSN, MPM, DNP, RN
  University of Pittsburgh
- Allison Vorderstrasse, DNSc, MSN, BSN, RN
  APRN-BC, CNE, FAAN
  Duke University
- Michael Weaver, PhD, RN, FAAN
  University of Florida

STUDENT MEMBERS
- Darina Petrovsky, PhD, RN
  University of Pennsylvania
- Allison Lewinski, MPH, RN
  Duke University

PREVIOUS CONFERENCE SUPPORTERS
- AACN
- ANA
- Barnes Jewish College
- Case Western Reserve University
- Children’s Mercy
- Columbia University
- Emory University
- ENRS
- Friends of the National Institute of Nursing Research
- Indiana University
- John Hopkins University
- Mayo Clinic
- Michigan State University
- MNRS
- National Institute of Nursing Research
- New York University
- Ohio State University
- ONS
- Quinnipiac University
- Rutgers University
- SNRS
- South Dakota State University
- The Hielbrunn Family Center
  at The Rockefeller University
- University of Alabama at Birmingham
- University of Arizona
- University of Connecticut
- University of Illinois at Chicago
- University of Maryland
- University of Massachusetts
- University of Minnesota
- University of Pittsburgh
- University of Virginia
- University of Washington
- Virginia Commonwealth University
- Walden University
- WIN
- Yale University
SPONSORSHIP INVESTMENT OPPORTUNITIES

ON-SITE PROGRAM SPONSOR $25,000
- One complimentary conference registration
- One 8’x10’ exhibit booth
- Full page ad
- One literature piece or product sample to accompany the on-site program
- Recognition on Council webpage, all print documents, and conference signage

CONFERENCE BAG SPONSOR $12,500
- One complimentary conference registration
- One 8’x10’ exhibit booth or 1/2 page ad in conference program
- Quarter page ad
- Conference bags distributed to all attendees with sponsor’s logo
- Recognition on Council webpage, all print documents, and conference signage

NAME BADGE SPONSOR $10,000
- One complimentary conference registration
- Quarter page ad
- Branded conference name badges distributed to all attendees with sponsor’s logo
- Recognition on Council webpage, all print documents, and conference signage

AWARDS RECEPTION SPONSOR $10,000
- One complimentary conference registration
- Recognition on Council webpage, all print documents, and conference signage

POSTER SESSION & NETWORKING BREAK SPONSOR $8,000 (2 SPONSORSHIP OPPORTUNITIES)
- One complimentary conference registration
- Recognition of sponsorship at poster session and networking break
- Recognition on Council webpage, all print documents, and conference signage

CONTINENTAL BREAKFAST SPONSOR $7,500 (3 SPONSORSHIP OPPORTUNITIES)
- One complimentary conference registration
- Recognition of sponsorship on breakfast signage
- Recognition on Council webpage, all print documents, and conference signage

OPENING KEYNOTE SPONSOR $5,000 PRESENTED BY DR. PATTI BRENNAN
- Recognition at opening keynote session
- Recognition on Council webpage, all print documents, and conference signage

KEYNOTE SPONSOR $5,000 PRESENTED BY DR. ANN CASHION
- Recognition at keynote session
- Recognition on Council webpage, all print documents, and conference signage

KEYNOTE SPONSOR $5,000 PRESENTED BY DR. WYLIE BURKE
- Recognition at keynote session
- Recognition on Council webpage, all print documents, and conference signage

ABSTRACTS OF DISTINCTION SPONSOR $5,000
- Recognition at Abstracts of Distinction session
- Recognition on Council webpage, all print documents, and conference signage

PODIUM SESSION SPONSOR $3,000 (6 SPONSORSHIP OPPORTUNITIES)
- Recognition in sponsored podium sessions
- Recognition on Council webpage, all print documents, and conference signage

Sponsorship benefits can be customized to meet your organization’s needs. Please contact Rachael James for more information: rachael_james@aannet.org
**SPONSORSHIP COMMITMENT FORM**

**ORGANIZATION NAME**

**CONTACT**

**TITLE**

**ADDRESS**

**CITY, STATE, ZIP**

**PHONE**

**EMAIL**

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**SPONSORSHIPS**

- On-site Program Sponsor ............................................ $25,000
- Conference Bag Sponsor ........................................... $12,500
- Name Badge Sponsor .................................................. $10,000
- Awards Reception Sponsor ......................................... $10,000
- Poster Session & Networking Break Sponsor ............... $8,000
- Continental Breakfast Sponsor ..................................... $7,500
- Opening Keynote Sponsor (Dr. Brennan) .................. $5,000
- Keynote Sponsor (Dr. Cashion) ................................ $5,000
- Keynote Sponsor (Dr. Burke) .................................... $5,000
- Abstracts of Distinction Sponsor ............................... $5,000
- Podium Session Sponsor ........................................... $3,000

If your sponsorship includes a complimentary exhibit booth, as noted in the sponsorship level chart, please fill out the exhibit information below:

**NAME OF PERSON STAFFING BOOTH**

(Limit one for complimentary conference registration and badge)
1. ________________________________

**ADDITIONAL BOOTH STAFF PERSONNEL**

($175 each additional person – badge only, conference registration not included)
1. ________________________________
2. ________________________________

**PAYMENT INFORMATION**

Check is the Council’s preferred method of payment. Payment by other means is assessed a $7.95 convenience fee. Make checks payable to:

**Council for the Advancement of Nursing Science.**

(please indicate “Sponsorship” in memo line of check)

- **CHECK ENCLOSED**
- **CREDIT CARD**
  - □ VISA
  - □ MASTERCARD
  - □ DISCOVER

**CREDIT CARD #**

**EXPIRATION DATE**

**CVV CODE**

**NAME ON CARD**

**SIGNATURE**

- **SEND INVOICE** (net due 30 days from invoice due date)

To ensure that your sponsorship is recognized in a timely and appropriate manner, please submit application, with payment, no later than **AUGUST 1, 2018**.

American Academy of Nursing
Council for the Advancement of Nursing Science
Attn: Rachael James
1000 Vermont Ave, NW, Suite 910
Washington, DC 20005
**EMAIL:** rachael_james@aannet.org

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**EXHIBITOR DESCRIPTION**

(Describe your products or services in 50 words or less. This description will be included in our on-site conference program)

______________________________________________________________________________________________________________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________________________________________________________________________________________________________

**COMPANY NAME**

(As it will appear in program and on exhibit booth signage)

______________________________________________________________________________________________________________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________________________________________________________________________________________________________
**AN INVITATION TO ADVERTISE**

**ADVERTISING OPTIONS**
Quarter Page (3.75” x 5”) .......................................................... $1,200  
Half Page (7.75” x 5”) .......................................................... $1,700  
Full Page (7.75” x 10.25”) .................................................... $2,700  
Inside Back Cover (7.75” x 10.25”) ........................................... $3,000  
Outside Back Cover (7.75” x 10.25”) ........................................ $3,500

**MECHANICAL REQUIREMENTS**
Publication Trim Size 8.5” x 11”  
Full Page Bleed Size 8.625” x 11.25”  
Bleeds on covers only Keep live copy 1/4” from trim.

**ACCEPTABLE FILE FORMATS INCLUDE:**
- InDesign file with all supporting files and fonts, color proof and/or PDF  
- Photoshop TIFF or EPS file, 300 dpi  
- High Resolution PDF, 300 dpi  
- Embed all fonts and images used in the ad  
- Ads should be four-color process (CMYK)

**DELIVERY**
Please send all final ads via e-mail to:  
Rachael James  
Manager, Council for the Advancement of Nursing Science  
E-MAIL: rachael_james@aannet.org  
PHONE: 202.777.1166

**AD DELIVERY DEADLINE**  
**AUGUST 1, 2018**

**AD ACCEPTANCE**
The Council for the Advancement of Nursing Science reserves the right to reject for any reason any advertising submission, or to require revisions at its discretion. If payment has been made for an advertisement which is subsequently rejected, the Council will refund such payment to the advertiser and shall have no further responsibility to the advertiser. No advertising may, without the prior written consent of the Council, (a) contain or otherwise use the logo of the Council, or (b) state or imply the recommendation, endorsement or approval of any product or service of the advertiser by the Council or any of their Directors, Officers or Fellows. All ad submissions must be in final form. Advertising inserts will not be accepted. All advertising materials submitted to the Council will become the property of the Council and, at its discretion, will be discarded.
ORGANIZATION NAME ________________________________
CONTACT ________________________________
TITLE ________________________________
ADDRESS ________________________________
________________________________________
________________________________________
CITY, STATE, ZIP ________________________________
PHONE ________________________________
EMAIL ________________________________

ADVERTISEMENTS
☐ Quarter Page ........................................... $1,200
☐ Half Page ........................................... $1,700
☐ Full Page ........................................... $2,700
☐ Inside Back Cover ................................... $3,000
☐ Outside Back Cover .................................. $3,500

PAYMENT INFORMATION
Check is the Council’s preferred method of payment. Payment by other means is assessed $7.95. Make checks payable to:
Council for the Advancement of Nursing Science.
(Please indicate “Ad” in memo line of check)

☐ CHECK ENCLOSED
☐ CREDIT CARD
☐ VISA    ☐ MASTERCARD    ☐ DISCOVER

CREDIT CARD # ________________________________
EXPIRATION DATE ________________________________
CVV CODE ________________________________
NAME ON CARD ________________________________
SIGNATURE ________________________________

☐ SEND INVOICE (net due 30 days from invoice due date)

AD DELIVERY DEADLINE
AUGUST 1, 2018

AUTHORIZATION
The Council for the Advancement of Nursing Science (Council) is hereby authorized to insert our advertisement(s) in the publications indicated above, in accordance to the on-site program advertising schedule. This commitment cannot be canceled after the ad copy deadline. The Council is not responsible for any loss or damage sustained to any misprint in an advertisement or the failure of an advertisement to appear in Council publications; in such event, the advertiser’s remedy is limited to recovery of the amount paid for the publication of the ad.

PRINT NAME ________________________________
AUTHORIZED SIGNATURE ________________________________
DATE ________________________________

This completed application, with payment, may be emailed or mailed by AUGUST 1, 2018

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2018 SPONSORSHIP, EXHIBIT & ADVERTISING OPPORTUNITIES 7
AN INVITATION TO EXHIBIT

EXHIBIT BOOTH OPTIONS
Exhibit Space (1 table booth) .................................................. $1,700
Each additional booth personnel............................................. $175

Each booth will be equipped with a 6’ x 30” skirted table, 2 chairs, a wastebasket, and electrical power (if requested). Exhibitors will receive (1) exhibitor registration which includes admission to exhibits only.

EXHIBIT FACILITY
Hyatt Regency Washington on Capitol Hill
400 New Jersey Avenue, NW
Washington, DC  20001

EXHIBIT HOURS/DAYS
- Thursday, September 13, 2018 (10:00AM - 6:00PM)
- Friday, September 14, 2018 (8:00AM - 5:30PM)
- Saturday, September 15, 2018 (8:30AM - 11:00AM)

EXHIBITOR SETUP
THURSDAY, SEPTEMBER 13, 2018 (7:00AM - 10:00AM)
Exhibit installation must be completed by 10:00am on Thursday, September 13, 2018. Installation hours are subject to change. Exhibitors will be notified if a change in hours is necessary.

EXHIBITOR DISMANTLING
SATURDAY, SEPTEMBER 15, 2018 (11:00AM - 12:30PM)
Exhibit dismantle and move-out must be completed by 12:30pm on Saturday, September 15, 2018. The Council and the official service contractor may, without incurring any liability for damage or loss, dismantle any property of any exhibitor who has failed to move out at the sole expense of the exhibitor. Dismantle hours are subject to change. Exhibitors will be notified if a change in hours is necessary.

EXHIBITOR KIT & BOOTH ASSIGNMENTS
DISTRIBUTED AUGUST 20, 2018
This kit will include information on labor regulations, furniture rental, freight shipping and handling, as well as audio visual and computer rentals.

HOTEL ACCOMMODATIONS
Please visit: www.nursingscience.org/events/sos to book your hotel room. Reservation cut-off date is FRIDAY, AUGUST 10, 2018.

CANCELLATION POLICY
If the exhibitor wishes to cancel exhibit space, written notification must be sent to Rachael James (rachael_james@aannet.org).

A refund minus $700 will be issued if cancellation note is received by August 10, 2018. No refunds will be issued after AUGUST 10, 2018.

DEADLINE FOR EXHIBITOR REGISTRATION & PAYMENT
FRIDAY, AUGUST 10, 2018
**EXHIBIT COMMITMENT FORM**

| ORGANIZATION NAME | ________________________________ |
| CONTACT | ________________________________ |
| TITLE | ________________________________ |
| ADDRESS | ____________________________________________________________________________ |  
| CITY, STATE, ZIP | __________________________________________ |
| PHONE | __________________________________________ |
| EMAIL | __________________________________________ |

**EXHIBITS**
- [ ] Exhibit Space (1 table booth) .............................................. $1,700
- [ ] Each additional booth personnel ......................................... $175
**TOTAL EXHIBIT AMOUNT** ___________________________________________

**COMPANY NAME**
(As it will appear in program and on exhibit booth signage)
__________________________________________________________

**COMPANY INFORMATION**
(Describe your products or services in 50 words or less)
__________________________________________________________
__________________________________________________________

*The Council reserves the right to edit all copy submitted. This information is used as a part of the application review process and must be completed at the time of submission.

**NAME OF PERSON STAFFING BOOTH**
(One complimentary exhibitor registration and badge included in exhibit booth price)
1. ____________________________________________________________

**ADDITIONAL BOOTH STAFF PERSONNEL**
($175 each additional person – exhibitor badge only, conference registration not included)
1. ____________________________________________________________
2. ____________________________________________________________

**ASSIGNMENT OF EXHIBIT SPACE**
All space assignments will be on a first come, first served basis. Assignments will be made on August 20, 2018. There is no guarantee that space will be available for each application received. If space is not available, a full refund will be made of deposits received.

The undersigned agrees to abide by all rules, requirements, restrictions, and regulations as set forth in this agreement or as designated by the Council for the Advancement of Nursing Science, hotel or city.

**SIGNATURE** __________________________________________

**PAYMENT INFORMATION**
Check is the Council’s preferred method of payment. Payment by other means is assessed a $7.95 convenience fee. Make checks payable to: Council for the Advancement of Nursing Science. (Please indicate “Exhibit” in memo line of check)

- [ ] CHECK ENCLOSED
- [ ] CREDIT CARD
  - [ ] VISA
  - [ ] MASTERCARD
  - [ ] DISCOVER

**CREDIT CARD #** __________________________________________
**EXPIRATION DATE** __________________________________________
**CVV CODE** __________________________________________
**NAME ON CARD** __________________________________________
**SIGNATURE** __________________________________________

- [ ] SEND INVOICE (net due 30 days from invoice due date)
This completed application, with payment, may be emailed or mailed by AUGUST 10, 2018

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