



# North Carolina Nurses Association 2019 Psych Retreat — January 25-26 — Charlotte, NC

## Exhibitor Registration

Please print or type | Duplicate form if needed

Company Name

Important Note: Print clearly or Type.

Contact Name  Provide Contact Person's Information Below (which may or may not be the company's information).

This contact will be the person that will communicate with NCNA re this event.

Address      
Street, Box, etc. City State ZIP

Email Address  Phone   
Provide daytime phone number.

### RETURN FORM:

By Mail:  
NCNA, 4350 Lassiter  
at North Hills Avenue,  
Suite 250,  
Raleigh, NC 27609

By Fax:  
919.829.5807  
(Faxed forms must  
include credit card  
payment.)

Questions?  
919.821.4250  
RNs@ncnurses.org  
www.ncnurses.org

We will exhibit at the 2019 NCNA Psych Retreat on January 25-26, 2018. We have read and agree with the cancellation policy specific to this opportunity. Please reserve our booth!

We are interested in learning about sponsoring a meal in exchange to give a presentation. Please call us at the number above to provide more details.

### 2019 Psych Retreat — Exhibitor Fee: \$400

#### EXHIBIT TIMES

Friday, 1/25:

- 3:30-5:30 pm

Saturday, 1/26:

- 7:00-8:00 am
- 10:00-10:30 am
- 2:30-3:00 pm

#### LOCATION

Embassy Suites by Hilton Charlotte Ayrsley  
1917 Ayrsley Town Blvd, Charlotte, NC 28273

By completing and submitting this form I understand that the exhibitor fee for this event is non-refundable.

Signature \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Amount enclosed or amount to be charged: \$

PAYMENT:  CHECK

Make checks payable to: North Carolina Nurses Association

#   Business  Personal

PAYMENT:  CHARGE

VISA  M/C EXP DATE:

Business Card  Personal Card

CARD NUMBER:

PRINT NAME AS IT APPEARS ON CARD:

CARDHOLDER'S SIGNATURE: