



**PCNA 32nd ANNUAL CARDIOVASCULAR NURSING
SYMPOSIUM SUPPORT & EXHIBITION BOOKING FORM
April 9-10, 2026 / Scottsdale, AZ**

MAIN CONTACT/BILLING INFORMATION (required) *This person will be responsible for all correspondence.*

Contact Name: _____

***Company Name:** _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Contact: _____ **Telephone:** _____

Email _____ **Website:** _____

**Please note this is how your company will appear on all meeting related materials*

EXHIBITION BOOTH SPACE		
10'x10' Booth	\$2,350	
10'x20' Booth	\$4,550	

If possible, **do not** assign us space near: _____

SUPPORT/SPONSORSHIP PROMOTIONAL OPPORTUNITIES		
Item	Price (check off item)	Total
Symposium Guide Advertising	<input type="checkbox"/> \$3,000 Full-page color, back cover <input type="checkbox"/> \$2,500 Full-page color, inside front cover <input type="checkbox"/> \$1,500 Full-page color <input type="checkbox"/> \$1,000 Full-page black & white	
Free Standing Meter Boards	\$1,200 (each) x	
Insert in Attendee Tote Bags	\$1,000 per piece	
Advertising in At-Show Attendee Email	\$1,000	
Ancillary Meeting Space	\$1,500	
Lanyards (<i>exclusive</i>)	\$3,500	
Charging Station (<i>exclusive</i>)	\$5,000	
Hotel Key Cards (<i>exclusive</i>)	\$5,000	
Tote Bags (<i>exclusive</i>)	\$5,000	
Tote Bag Insert	\$1,000 per piece	
Web App Sponsorship (<i>exclusive</i>)	\$5,000	
Refreshment Breaks	\$3,000+ (<i>contact Miriam Martin for more information</i>)	
WiFi (<i>exclusive</i>)	\$8,000	
Advisory Board Meeting	\$15,000	
TOTAL AMOUNT		

PAYMENT

☐ Payment will be made by check, please forward me a final confirmation/invoice.

☐ Payment will be made by credit card, please forward me information to complete my payment in a secure format.

PCNA now charges a 2.67% +0.25 credit card fee on all transactions, will be reflected on your receipt.

We accept the contract terms and conditions (listed in this support and exhibition prospectus) and agree to abide by the guidelines for industry participation at the meeting. I am authorized to sign this form on behalf of the applicant/company.

Signature (required) _____ Date: _____

Please complete all details and return to: Meghan Cash, meghan.cash@ajj.com - phone: 856-256-2374