

January 16, 2019

**Announcing the 2019
MoANA Spring Meeting!
April 26-28, 2019**

**The meeting will be held at Missouri State
University in the O'Reilly Clinical Health
Sciences Building located at 640 E. Cherry
on the corner of Cherry & Kimbrough St.**

Dear Exhibitors,

The Missouri Association of Nurse Anesthetists is continuing its popular format offering hands-on education! Our 2019 Spring Meeting will be held on the campus of Missouri State University (MSU) in Springfield, Missouri. We are expecting it to be a great success with over 175 in attendance.

Our exhibition display will be held in the lobby/atrium area and upper floors of the O'Reilly Clinical Health Sciences Building located at 640 Cherry Street (on the corner of Cherry and Kimbrough) on the MSU Campus. **We are changing the exhibit format this year!** You will have the option to choose between TWO shifts.

- Morning Shift will take place from 6:00 a.m. - 11:00 a.m. Exhibits will be open during our morning registration and continental breakfast as well as morning break. You may setup beginning at 5:30 a.m.
- Afternoon Shift will take place from 1:00 p.m. - 6:00 p.m. Exhibits will be open during dessert and coffee as well as between breakout sessions. You may setup beginning at 12:30 p.m.

There will be equal time for attendees to view exhibits and network. We are limiting spots for each session. Please Register ASAP to be assured your preferred shift is available. We would love to have your participation!

The fee for exhibiting is **\$400.00**. This fee includes a table, breakfast or lunch, and recognition for being an exhibitor in our program. You may also sponsor a break, lunch, or a speaker. These opportunities are outlined on the enclosed exhibitor registration form. These sponsorships are a great way to show support for CRNAs and receive additional recognition and exposure.

Would you please take a moment to complete the ***Exhibitor Information Sheet?*** You may return it by mail with a check made payable to MoANA or you may pay with charge and return by secure fax to 573-636-6899. We hope to complete our exhibitor listing by **March 12, 2019**.

A block of rooms has been reserved at the The DoubleTree Hotel, located at 2431 N Glenstone Ave, Springfield, MO 65803. The block of rooms will be held until March 26th for a special rate of \$114.00 per night. Please make your reservations by calling 417-831-3131. Please state that you are with the Missouri Association of Nurse Anesthetists' Spring Meeting.

Please call or email any questions you may have. We appreciate your support for continuing education of nurse anesthetists and look forward to seeing you in April. We hope you find this meeting enjoyable and worthwhile.

Sincerely,

Carol

Carol Kemna
Executive Director, MoANA
205 E. Capitol Ave., Ste. 100
Jefferson City, MO 65101
ckemna@bardgett.net
573-634-8760

MOANA

EXHIBITOR INFORMATION SHEET Spring Meeting 2019 Exhibits open April 27, 2019

Company Name: _____

Contact: _____ Email: (for confirmation) _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____

Representatives attending for name badge: 1) _____

2) _____

3) _____

_____ I am interested in exhibiting and being identified as a **Corporate Sponsor** at a rate of _____ (must be **\$500.00 or more**). I will be sponsoring a break, lunch, or other activity: _____ (please list). I understand this includes a table, and recognition for sponsoring the above.

_____ I am interested in sponsoring a speaker and paying for the speaker's honorarium and expenses. I will be identified as a **Corporate Sponsor** and the **\$400.00 fee** will be waived. I understand this includes a table, and recognition for sponsoring a speaker.

_____ I am interested in being an **Exhibitor** at the meeting at a rate of **\$400.00** which includes a table along with recognition as an exhibitor.

_____ I would like to place an ad in the meeting program (_____ ½ page \$250 or _____ full page \$500)

_____ I prefer to exhibit during the _____ Morning Shift (6:00-11:00 am) _____ Afternoon Shift (1:00-6:00)

_____ I will need an electrical outlet (_____ 110 or _____ 220)

Please make all checks to "MoANA" and send to:

**MoANA Spring Meeting
205 E. Capitol Ave., Ste. 100
Jefferson City, MO 65101**

Check Enclosed (*payable to MoANA*)

Discover Mastercard Visa (*form may be faxed to 573-636-6899 or emailed to lindsay@bardgett.net*)

Card# _____ Exp. _____

Signature _____ 3 digit code on back _____ Date _____

MoANA Federal Tax ID # 237411894

Thank you for supporting CRNAs!