



**National Teaching Institute
& Critical Care Exposition®**
New Orleans: May 19-21
Virtual: June 9-11

**AACN
ExpoEd**

**AMERICAN
ASSOCIATION
of CRITICAL-CARE
NURSES**

Payment Application Deadline: February 5, 2025

ExpoEd sessions may be offered at the **IN-PERSON** New Orleans conference May 20-21 in your exhibit booth **AND/OR** prerecorded at the **VIRTUAL** conference June 9-11

Fill out this form electronically

Form fields are highlighted

Contact/Mailing Information

Exhibiting Company Name _____
 _____ (exact name to be used in ExpoGuide listing)
 Address _____
 City/State/ZIP _____
 Telephone _____ Fax _____
 Contact Person _____
 Email _____

Print and fax or mail this form with payment to:



Chelley D'Amato
 American Association of Critical-Care Nurses
 27071 Aliso Creek Road, Aliso Viejo, CA 92656
 Fax 949/448-0469

NOTE: Applications and payments sent via email may not be secure

Cost of Session(s)

ExpoEd first session In-person or Virtual.....\$1200
 ExpoEd each additional In-person Session.....\$1000
 ExpoEd each additional Virtual Session.....\$ 600

**If you present ExpoEd sessions in your Exhibitor booth, or virtually, the first title costs \$1200, all subsequent titles are \$1000/\$600 each.*

For each session, please list the title and enter the appropriate fee

Title 1 _____	Both \$1200 <input type="checkbox"/> In-person \$1200 <input type="checkbox"/> Virtual \$1200 <input type="checkbox"/>	\$ _____
Title 2 _____	Both \$1000 <input type="checkbox"/> In-person \$1000 <input type="checkbox"/> Virtual \$600 <input type="checkbox"/>	\$ _____
Title 3 _____	Both \$1000 <input type="checkbox"/> In-person \$1000 <input type="checkbox"/> Virtual \$600 <input type="checkbox"/>	\$ _____
Title 4 _____	Both \$1000 <input type="checkbox"/> In-person \$1000 <input type="checkbox"/> Virtual \$600 <input type="checkbox"/>	\$ _____
Title 5 _____	Both \$1000 <input type="checkbox"/> In-person \$1000 <input type="checkbox"/> Virtual \$600 <input type="checkbox"/>	\$ _____
Title 6 _____	Both \$1000 <input type="checkbox"/> In-person \$1000 <input type="checkbox"/> Virtual \$600 <input type="checkbox"/>	\$ _____
Title 7 _____	Both \$1000 <input type="checkbox"/> In-person \$1000 <input type="checkbox"/> Virtual \$600 <input type="checkbox"/>	\$ _____
Title 8 _____	Both \$1000 <input type="checkbox"/> In-person \$1000 <input type="checkbox"/> Virtual \$600 <input type="checkbox"/>	\$ _____
Title 9 _____	Both \$1000 <input type="checkbox"/> In-person \$1000 <input type="checkbox"/> Virtual \$600 <input type="checkbox"/>	\$ _____
Title 10 _____	Both \$1000 <input type="checkbox"/> In-person \$1000 <input type="checkbox"/> Virtual \$600 <input type="checkbox"/>	\$ _____
		Total \$ _____

Payment

Applications without payment will not be processed

Check enclosed, payable to "AACN"

Charge \$ _____ + 2.5% fee (_____) = Total charge of \$ _____ to credit card*

Visa MasterCard American Express Discover

Name on Card _____

Card # _____ Exp. _____

Print Name _____

Signature _____ Date _____

**Effective Oct 1, 2023, we are introducing a 2.5% fee on credit card payments. This charge is necessary to help offset the cost associated with processing larger transactions, ensuring that more of your money directly supports our mission. Additionally, you do have the option to use alternative payment methods, such as check or ACH (both of which will not incur this fee).*