

Massachusetts Organization of Nurse Executives

Reservation for Exhibitor Space 2010 - 2011

Please complete this form and return via e-mail, fax or mail.

Email: info@massone.org Phone: 781-272-3500 Fax: 781-272-3505

Address: 101 Cambridge St., Suite 110, Burlington, MA 01803

Name of Organization: _____

Street Address: _____ Phone: _____

City/State/Zip _____ Fax: _____

Name Contact person: _____ E-mail: _____

Name(s) of Reps attending event: _____
(Name) (Title)

(Name) (Title)

EXHIBITOR OPPORTUNITIES

Please reserve the following Exhibitor space.

Quarterly Meetings:

- Winter Educational Meeting, December 10, 2010, Burlington Marriott, Burlington, MA
- Spring Educational Meeting, March 11, 2011, Devens Common Center, Devens, MA
- Fall Educational Meeting, September 9, 2011, Four Points by Sheraton, Norwood, MA

Exhibitor Placements: \$1,000 each event

Total Due \$ _____

Nursing Leadership Seminar, April 5-6, 2011 Conference Center at Waltham Woods, Waltham, MA

_____ 1 Day \$1,200
_____ 2 Days \$1,500

Total Due \$ _____

Annual Educational Meeting, June 6 -7, 2011, Wentworth by the Sea, Portsmouth, NH

_____ 1 Day \$2,000
_____ 2 Days \$2,500

Total Due \$ _____

Payment Method: **Check:** Please mail check to: **MONE**, 101 Cambridge Street, Suite 110, Burlington, MA 01803

Credit Card: MasterCard Visa Account # _____ Total: _____

Name on Card: _____ Expiration Date: / _____ Billing Street Address & Zip Code _____