2020 NCONL Membership Meeting/Conference
SCHOOL OF NURSING EXHIBITOR APPLICATION

Sponsor name:

Address:

Contact:

E-mail (required):

Whom may we thank for your NCONL referral? _____

Sponsor (**On-Site Exhibitor**) **$500**

Sponsor Organization Representative(s) On-Site: (Limit two)

1. _____
Name Title

2. _____
Name Title

Exhibitors may set up in the REGISTRATION Reception Area after 12:00 noon April 1, 2020. All exhibits, materials and decoration must be dismantled and removed from the gallery by noon, April 3, 2020. Space will include an 8 foot display table, two chairs and waste receptacle.

Thank you for choosing to join us!

Please mail form and payment to:
Kerin Raggio, NCONL Administrative Assistant
3434 Edwards Mill Road, Suite 112-106
Raleigh, NC 27612
or

Email the form to nconlstaff@gmail.com or submit payment online at www.nconl.org