

**The Florida State Association of Rehabilitation Nurses is pleased to be the Host Chapter for the
2010 Educational Region III Conference
May 5-7, 2010
"2010... A Rehabilitation Odyssey"**

The members of FSARN, as the Host Chapter, are currently planning the 2010 Region III Conference which will be held at the Regal Sun Resort (formerly the Grosvenor), 1850 Hotel Plaza Blvd. in Lake Buena Vista, Florida 32830, (407-828-4444). We understand how recent economic times have posed particular restrictions on some businesses ability to participate in certain events. With this in mind, we would like to take a moment to inform you of the value of the Region III Conference.

Throughout the conference you will have the opportunity to network with Rehabilitation Nurses from a variety of practice settings not in only in Florida, but Georgia, Alabama, South Carolina, North Carolina, Tennessee, Mississippi, and Kentucky as well. We are encouraging all companies to use this venue to advertise new products and product lines, advances and new uses of certain products and services, in addition to recruiting for current open positions in your organizations.

We anticipate that vendor space will be limited. As a result, we are offering several other sponsor opportunities in addition to the traditional exhibit booth. There will be a Reception Thursday evening in the Exhibit Hall again next year. Attendees will receive their contact hour certificates for that day in the exhibit hall. This will be a perfect time to network and showcase your company and the product(s) and services that you provide in the industry.

We are inviting any and all of our vendor/sponsors to also participate in the Silent Auction. All you need to do is provide a basket, gift card, or a very special item to be auctioned off during the conference.

Additional Sponsor opportunities are available;

Lunch Table Sponsors-\$1000.00 each, includes one paid conference registration, table service for 10, and recognition in the conference notebook.

Breakfast Sponsor-\$1500.00 to \$2500.00, includes one paid conference registration, round table to display your company products/services, and recognition in the conference notebook.

Beverage Break Sponsors-\$1000.00 per break, includes one paid conference registration, round table to display company products/services, and recognition in the conference notebook.

Unrestricted Educational Grant Sponsors \$500.00 and above.

Attendee Sponsors-\$225.00/each, allows you to send a rehabilitation nurse of your choice to the conference.

Kevin Glennon, KTGRNNEWTMS@YAHOO.COM or 407-448-5879

Jennifer David, Jennifer.david@gentiva.com or 407-880-3242

Anabel Velazquez, anabel.velazquez@yahoo.com or 407-677-8585

Additional forms and conference information is also available on our website

www.fsarn.org

EXHIBITOR'S PROSPECTUS

GENERAL INFORMATION:

Deadline for all payments will be April 10, 2010. Each exhibit booth will be provided with the following:
Two paid conference registrations including ceu's if needed by your booth attendees (these registrations are non transferrable). The vendor fee per booth as stated below is \$750.00 and includes:

- Two paid sit down lunches (additional lunch tickets may be purchased @ \$25.00/each)
- Two paid admissions to the Thursday Evening Reception (additional tickets may be purchased @ \$30.00/each)
- 8x10 booth, with drayage, table, 2 chairs, waste basket and identification sign

Set up will begin on Wed. May 5, 2010 at 3:00pm

Exhibitor hours will be Thursday, May 6th. 7:00am to 5:30pm with a reception from 5:30 to 7:30pm and Friday, May 7th.
From 7:00am to 2:00pm

Exhibitors may not begin breaking down until after 2:00pm on Friday

Drayage will be provided by GOBENS, Inc. They can be contacted directly at info@gobencs.com or 407-240-3348. All exhibitor packets/info will be forwarded via email prior to the conference.

Electrical Service is available and is coordinated and billed thru the Hotel as a separate charge.

HOTEL INFORMATION:

The Regal Sun Resort is located at 1850 Hotel Plaza Blvd. in Lake Buena Vista, FL 32830 407-828-4444. Reservations should be made directly with the Hotel. We have a tiered room rate beginning at \$104.00/night. There is also a \$10.00/night resort fee.

For handicap accessible room accommodations, please contact Lisa Pervin directly via email, lisa@bbpconsulting.com or phone, 727-517-6162

PRIZE DRAWINGS:

- Conference attendees will be required to visit each booth and have their exhibitor card initialed.
- All prize drawings will be done from the attendee exhibitor cards.
- Prize drawings will take place during the luncheon on Friday, May 7 from 12:30 to 2:00pm.
- Vendors are encouraged to collect business cards from all attendees.
- Each Vendor will be provided with a list of attendees following the end of the conference.
- We will also be conducting a silent auction. Anyone interested in donating items for the silent auction should contact, Kevin, Jennifer, or Anabel.

TERMS OF PAYMENT:

Check or Money Order must accompany your completed application, payable to FSARN by April 10, 2010 to guarantee booth assignment.

Please retain a copy of your completed registration form and your check or money order. A W-9 will be provided upon request.

There will be no refunds after April 15, 2010.

Booths will be assigned on a first come first serve basis and space is limited.

EXHIBITOR/SPONSOR REGISTRATION FORM

All exhibitors will receive the following: standard 8x10 booth, draped table, 2 chairs, wastebasket, identification sign, 2 paid conference registrations (to be used by members of your company only), continuing education credit hours if needed, and recognition in the conference notebook.

Please indicate your choices, as listed below, complete the information required and return to:

FSARN
c/o Kevin Glennon
1028 Durango Street, SE
Palm Bay, Florida 32909

Standard Exhibitor Booth (\$750.00) _____ Number of Booths _____

Will you require Electrical Outlet? _____ YES _____ NO

Lunch Table Sponsor (\$1000.00) _____ Number of Tables _____

Breakfast Sponsor (\$1500.00 – \$2500.00) _____ Thursday _____ or Friday _____

Beverage Break Sponsor (\$1000.00) _____ Number of Breaks _____

Unrestricted Educational Grant _____ (indicate dollar amount)

Attendee Registration _____ (requires you to submit completed attendee registration form with your payment)

Company Name _____

Company Contact or Person Completing this Form _____

Address _____ Suite # _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

2 Paid Attendees (must be members of your own company and working your exhibit)

Name _____ (will this person need contact hours _____ yes _____ no)

RN # _____ CCM# _____ CDMS# _____ ARN# _____ QRP _____

Name _____ (will this person need contact hours _____ yes _____ no)

RN# _____ CCM# _____ CDMS# _____ ARN# _____ QRP _____

For additional information please contact

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