

Academy of Forensic Nursing

Scholarship • Education • Service



Vendor/Exhibitor Information

Please list name of Company/Institution as you would like it listed in the program.

COMPANY/INSTITUTION NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

WEBSITE _____

Please indicate the individual who will coordinate the vendor/exhibit booth.

CONTACT PERSON _____

EMAIL _____

PHONE _____

FEES	TOTALS
BOOTH SPACE (includes table, 2 chairs, trashcan & 1 attendee at no charge)	\$300
# ADDITIONAL ATTENDEES AT BOOTH (\$75/person)	_____
TOTAL Amount Due	_____

**Sponsorship Package Options are Available on the Academy Website.*

_____ CHECK ENCLOSED (make payable to AFN in US funds) **preferred*

Mail check and signed forms to: AFN PO Box 42, Holbrook, MA 02343

As a vendor/exhibit staff member, I agree to indemnify and defend the AFN for any injury, loss or damage except for that caused by negligence of the AFN.

AUTHORIZED SIGNATURE _____ DATE _____

PRINT NAME _____

Academy of Forensic Nursing

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