



**CANA Spring Meeting
Hyatt Regency Huntington Beach
March 12-14, 2010**

EXHIBITOR SCHEDULE

Exhibitors: If possible, please bring a raffle prize (as permitted, per company policy) for a drawing at the Friday evening Exhibitor Fair.

FRIDAY, March 12, 2010

- | | |
|-------------|---|
| 1300 – 1700 | Exhibitor booth set-up |
| 1800 – 2000 | Exhibitor Fair and Reception – RAFFLE PRIZE GIVE-AWAYS |

SATURDAY, March 13, 2010

- | | |
|-------------|--|
| 0630 – 0730 | Continental breakfast with exhibitors |
| 1020 – 1045 | Break with Exhibitors |
| 1245 – 1330 | Lunch with Exhibitors |
| 1330 – 1430 | Exhibitor booth break-down |

Please call or email Mary Davis if you have any questions
707-480-0096 cell
cana-manager@earthlink.net

~ Thank you so much for your support of CANA ~

CALIFORNIA ASSOCIATION OF NURSE ANESTHETISTS SPRING MEETING

MARCH 12-14, 2010

HYATT REGENCY HUNTINGTON BEACH
21500 Pacific Coast Highway, Huntington Beach, CA 92648

Sponsorship provides you with an excellent opportunity to exhibit your products and services to the people most interested in them- CRNAs!

Step 1- Choose your level of sponsorship

- Speaker Sponsorship** PROMOTION OPPORTUNITY INCLUDED **\$1,000**
- Business Luncheon Sponsorship** PROMOTION OPPORTUNITY INCLUDED **\$3,000**
- Reception Sponsorship** PROMOTION OPPORTUNITY INCLUDED **\$3,000**
- Breakfast Sponsorship** PROMOTION OPPORTUNITY INCLUDED **\$2,000**
- Conference Exhibitor Space** 6' TABLE FOR EXHIBITS **\$500 (by 2/28/10)**
\$600 (after 2/28/10)

Step 2- Complete the Sponsor / Exhibitor Registration Form

Complete Sponsor / Exhibitor Registration form below and return by March 9, 2010.

Or register online at www.canainc.org

Step 3- Payment options

By March 9, 2010:

Register online, via fax or U.S. Mail and submit Sponsorship fees
(make checks payable to California Association of Nurse Anesthetists or provide Visa or MasterCard number)
For questions please call Mary Davis at the CANA business office @ 206-984-1624

3 Ways to Register! ONLINE at www.canainc.org ~ FAX ~ Mail

Company Name: _____

Contact Person: _____

Person who will attend exhibit: _____

Address: _____ City / ST / Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Credit Card Account Number (Visa / MC/ AX): _____

Expiration Date: _____ Amount to Charge: \$ _____

Authorizing Signature: _____

Please complete and return to:
CANA PO Box 1426, Boyes Hot Springs, CA 95416 ~ fax: 206-984-1624
CANA's Tax ID Number: 23-7290648