

**Commercially Supported
Symposia Application
Association of Rehabilitation Nursing
October 1-4, 2008 San Francisco, CA**

All information must be completed or this application will be returned. Applications should be received by February 1, 2008 to be considered.

Each application must include the following information to be considered:

- Title of program, title and length of each presentation, confirmed speaker names (including academic degrees, institution and city, state) and learning objectives
- Synopsis of 50 words or less for use in ARN conference brochure

TYPE OF LOGISTICAL PREFERENCE

- Breakfast
- Luncheon
- Dinner

Note that every effort will be made to accommodate your preference, however, no guarantees can be made. Additionally, any or all of the preferred times may be concurrent with other Commercially Supported Symposia.

SUPPORTING COMPANY

Company Name _____
 Address _____
 City, State _____ Zip/Postal Code _____ Country _____
 Telephone _____ Fax _____ E-mail Address _____
 Direct future correspondence to _____ Title _____
 Telephone _____ Fax _____ E-mail Address _____
 Person authorizing request _____ Title _____
 Signature _____

THIRD PARTY COMMUNICATION COMPANY (IF APPLICABLE)

Company Name _____
 Address _____
 City, State _____ Zip/Postal Code _____ Country _____
 Telephone _____ Fax _____ E-mail Address _____
 Direct future correspondence to _____ Title _____
 Telephone _____ Fax _____ E-mail Address _____
 Person authorizing request _____ Title _____
 Signature _____

We certify that the information provided is accurate and complete, and that we agree to follow the ARN guidelines for Commercially Supported Symposia.

Signature _____ Date _____



Return this form by February 1, 2008 to: Terri Berkowitz
 National Sales Manager;
 Association of Rehabilitation Nursing
 4700 West Lake Avenue
 Glenview, IL 60025
 TEL: 847/375-4763; FAX: 888/240-4446; EMAIL: tberkowitz@amctec.com