



LIST OF ATTENDEES ORDER FORM
October 4-7, 2017
Nashville, TN

Please send us the list of 2017 conference attendees. We understand that the cost of \$500 must be prepaid before receipt of the list. A sample of the mailing piece must be included with this application for approval.

I. List will be emailed in Excel format.

E-mail address: _____

II. Delivery Date (If no date is specified, delivery will be AFTER the meeting.)

TOTAL AMOUNT ENCLOSED \$ _____

Gerontological Advanced Practice Nurses Association *Tax Identification Number 93-0832304*

We understand that the list is for one-time use only. It is offered for sale only to exhibitors at the 2017 Conference. The list will be delivered to you after the Conference unless otherwise requested.

Company _____

Address _____

City, State, Zip _____

Telephone _____ Title _____

Name _____

Signature _____

Pay by Credit Card:	
<input type="checkbox"/> American Express	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Print Name on Credit Card	
Credit Card Number	
Expiration Date	Charge Amount
Security Code (see back of card)	
Card Holder Signature	

Send completed contract to:

Lauren McKeown

c/o Anthony J. Jannetti, Inc.

East Holly Avenue, Box 56

Pitman, NJ 08071-0056

Fax: 856-589-7463

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