

**KANSAS ASSOCIATION OF NURSE ANESTHETISTS**  
**SHARON NIEMANN CRNA, MHS**  
**Program Chair**

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Feb. 14, 2010

Dear Vendor:

The Kansas Association of Nurse Anesthetists (KANA) is pleased to invite your company to participate in the Spring 2010 educational meeting to be held Apr. 17-18th, 2010 in Overland Park, KS. We hope that you and your company can be part of our educational meeting. We anticipate 90-100 CRNA participants and 50 students.

Company representatives will set up their displays on Saturday morning Apr. 17<sup>th</sup>, 2010. Registration and breakfast for attendees will precede the first lecture that begins at 07:30 AM. KANA requests that you stay with your display until after the lunch break from 100-200 PM. Meeting participants will have an am break in addition to lunch break to visit your displays. At the beginning of the meeting Saturday morning, you will be given the opportunity to introduce yourself and your products. If you require accommodations, please contact the hotel directly. The opportunity to set up your displays Friday pm may exist, but will not be determined until closer to meeting dates.

The table fee, which includes breakfast on Saturday for 2 representatives, is \$400.00 for this meeting (or \$700.00 for 2 consecutive meetings). In addition to the registration as a vendor for the meeting, we would like to offer you a ½ page ad in our journal Kanesthesia. The journal is received by all active CRNAs in Kansas and you will have the opportunity to reach those CRNAs not able to attend the meeting. See enclosure for details.

KANA educational meetings afford you the opportunity to meet the people that provide more than 80% of the anesthesia services in the state of Kansas. Your participation is important to keep the CRNAs of Kansas informed and aware of the newest devices and products available. We hope you will consider attending and supporting the CRNAs of Kansas with your interest and products.

Please return the enclosed contract and your check to reserve your table. The Board of Directors and the CRNAs of Kansas thank you for your support of our association. Please feel free to call or E-mail me if you have any questions.

Sincerely,

Sharon Niemann CRNA, MHS  
KANA Program Chair  
2641 S. 218<sup>th</sup> West  
Goddard, KS 67052  
nemo@pixius.net  
316-794-2529 (H) or 316-992-5746 ©; Fax 316-794-2636

**KANSAS ASSOCIATION OF NURSE ANESTHETISTS**

Sponsor and Vendor Information Form

- I. Spring 2010 Meeting: Apr.17-18, 2010 Overland Park, KS  
Fee: \$400.00  
Vendor displays Sat. Apr. 17<sup>th</sup>, 2010  
Includes breakfast for 2 company representatives on Saturday.  
And ½ page ad in Spring Kanesthesia (Ad copy due to March 1, 2010)

Sheraton Overland Park  
6100 College Blvd.  
Overland Park, KS 66211  
913-234-2100

- II. Fall 2010 Meeting, Oct. 2010 Wichita, KS  
Fee: \$400.00  
Vendor displays : TBA- Oct. 2010  
Includes breakfast for 2 company representatives on Saturday.  
And ½ page ad in Fall Kanesthesia (Ad copy due by Sept. 1st, 2010)

Hotel at Old Town  
830 E. 1<sup>st</sup> Street N  
Wichita, KS 67202  
316-867-4800

- III. Fee for 2 consecutive meetings (Spring 2010 and Fall 2010): \$700.00  
Include ½ page ad in Kanesthesia Spring 2010 and Fall 2010.
- IV. If your company wishes to sponsor a speaker, coffee break or reception,  
please inquire regarding specifics.

Photo ready copy is required for all advertisements. Please send to Donna Vierthaler prior to due date.

Donna Vierthaler CRNA  
2866 Wilderness Court  
Wichita, KS 67226  
diviert@aol.com  
316-687-1515

**The Kansas Association of Nurse Anesthetists  
Postgraduate Education Meeting  
Exhibit Space Application and Contract**

**Instructions:** Please complete this form and return to: Sharon Niemann CRNA, 2641 S. 218<sup>th</sup> West, Goddard, KS 67052 (Fax 316-794-2636). A copy will be returned to you as your space confirmation and will also serve as your billing for any balance due. Make checks payable to: The Kansas Association of Nurse Anesthetists.

**Agreement:** The undersigned hereby makes application for exhibit space at the KANA conference. Acceptance of this application by KANA constitutes a binding agreement between the Association and the exhibitor. Exhibitors may not assign, sublet, or in any other manner transfer any part of the space assigned to them. Spaces may be subdivided only if companies are subsidiaries of the exhibitor. Upon payment of the full fee, a display space will be reserved. Payment must be received by **March 15, 2010**. If it becomes impossible for your company to attend, advanced notice is required for a refund.

**General:** Exhibit space will consist of one six-foot table that is available on a first-come basis and will be available for set-up prior to the conference registration. A maximum of 2 exhibitors per company are welcome to refreshments and breakfast on Saturday.

Please list any electrical equipment which will be used and note any special requirements. Exhibitors should bring their own extension cords or make arrangements for obtaining them through the conference facility. Any charges incurred for rental of on-site equipment shall be the responsibility of the exhibitor.

The Kansas Association of Nurse Anesthetists is not responsible for loss or damage to the exhibits from any cause. The exhibitor assumes the responsibility and liability for losses, damages and claims arising out of the exhibitors' activity and will indemnify, defend and hold harmless the facility, its agents and KANA from any losses or damages.

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**Spring 2010 Educational Meeting-Sheraton Overland Park  
Overland Park, KS Apr. 17<sup>th</sup>, 2010 - \$400.00  
(Plus Oct. 2010 -\$700.00-Wichita, KS)**

Company Name: \_\_\_\_\_  
Authorizing Individual: \_\_\_\_\_ Phone# \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip: \_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Primary Exhibitor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip: \_\_\_\_\_  
Phone \_\_\_\_\_ Special Needs: \_\_\_\_\_

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A copy of this contract will be returned to you.

Date received: \_\_\_\_\_ Fee: \_\_\_\_\_ Kansas Tax ID #51-016-1195