



**LIST OF ATTENDEES ORDER FORM**  
**September 26-29, 2018**  
**Marriott Wardman Park ~ Washington, DC**

Please send us the list of 2018 Annual 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 2018 Annual Conference. The list will be delivered to you after the conference unless otherwise requested.

Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

<b>Pay by Credit Card:</b>	
<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:**

**Samantha Healy**  
*c/o Anthony J. Jannetti, Inc.*  
*East Holly Avenue, Box 56*  
*Pitman, NJ 08071-0056*  
*Fax: 856-589-7463*  
*Samantha.healy@ajj.com*