



AKANA/NAFA VCU CONFERENCE

August 28-30, 2026

Wildbirch Hotel

239 W 4th Avenue Anchorage, AK 99501



RESERVATIONS: 907-793-5555

The link below is for online booking. Room block held until July 28, 2026
<https://www.hyatt.com/events/en-US/group-booking/ANCJD/G-ANBC>

CONTRACT FOR EXHIBIT SPACE

This contract for exhibition space made and entered into this ____ day of _____ 2026 between **Alaska Association of Nurse Anesthesiology (AKANA)**, having its business office at **PO Box 231, Diamondville, WY 83116** Phone: 307-723-2762 E-mail: akanacrna@gmail.com

Exhibitor Business Name: (hereinafter called "Exhibitor"), _____

Contact Person: _____ Phone: _____

Email: _____ Address: _____

City: _____ State: _____ ZIP: _____

All finances and advertising are handled through the AKANA office. It is extremely important you return this contract to akanacrna@gmail.com so AKANA can confirm Exhibit Space. Booth space is available on a first come, first serve basis. Contracts will be accepted until July 15, 2026.

In consideration of the mutual agreement hereinafter set forth and the payment of rent as herein provided, the parties hereto agree as follows:

Section 1. Premises Leased. AKANA hereby leases to Exhibitor one exhibit table and space.
PLEASE MARK WHICH OPTION(S) YOU WOULD LIKE:

_____ Denali Tier - \$2,000

- Help CRNAs to start strong, stay strong.
- Be a joint sponsor for breakfast or lunch and help energize CRNAs for a full day of learning and connection about evidence-based care.
 - Benefits include:
 - Meal Sponsorship Recognition
 - Organization name or logo and link featured on the AKANA website
 - Recognition signage at meal stations
 - Thank you announcements during the event
 - Exhibitor Presence
 - One exhibitor table with space for two representatives
 - Complimentary inclusion in the Exhibitor Passport program
 - Opportunity provide giveaway items
 - Hospitality Access
 - Complimentary breakfast, lunch, and refreshment breaks for both representatives

_____ Chugach Tier – \$1500

- Showcase your commitment to advancing anesthesia care.
- Sponsor a hands-on workshop that helps CRNAs stay current with the latest technologies, techniques, and evidence-based practices.
 - Benefits include:
 - Workshop Sponsorship Recognition
 - Organization name or logo and link featured on the AKANA website
 - Recognition signage at the workshop location
 - Thank you announcements during the event
 - Exhibitor Presence
 - One exhibitor table with space for two representatives
 - Encouraged to bring related technology to the workshop
 - Complimentary inclusion in the Exhibitor Passport program
 - Opportunity to provide giveaway items
 - Hospitality Access
 - Complimentary breakfast, lunch, and refreshment breaks for both representatives

TOTAL DUE: \$_____

Please Mark one:

_____ **Payment being mailed in by check**

_____ **Payment link requested to pay by credit card(3.5% fee added)**

Exhibitor agrees to pay total due for rental for leasing the above-mentioned space during the meeting. *Payment need not accompany contract. **It is most important to contact the AKANA office and confirm Exhibit Space as soon as possible.** Be sure to mark which payment option you prefer above.*

Section 2. Rent and Term. The lease of space shall be for Friday thru Sunday, August 28-30, 2026. All rent shall be paid to AKANA at its address set forth above or otherwise directed by AKANA.

Section 3. Default. Any one of the following shall constitute a default of this agreement by Exhibitor: (a) failure by Exhibitor to make full payment within thirty (30) days of submitting contract; (b) failure by Exhibitor to occupy the leased space during the meeting; (c) termination of the agreement by Exhibitor at any time prior to the end of the Meeting; (d) failure by Exhibitor to comply with or perform any of the provisions of this contract or any supplements or amendments thereto.

Section 4. Remedies. Upon the occurrence of an event of default, AKANA may at its option exercise one or more of the following remedies: (a) declare all unpaid rentals to be immediately due and payable; (b) by notice in writing, terminate the agreements whereupon all rights of exhibitor to occupy the leased space shall absolutely cease and terminate, but Exhibitor shall remain liable for all amounts owed under the original terms of this agreement.

Section 5. Assignment of Sublease. Exhibitor shall not, without the prior written consent of AKANA, assign, sublet or otherwise transfer the leased space, or any part thereof.

Section 6. Risk of Loss. AKANA is relieved of responsibility for any refund or any other liability for failure to fulfill the terms of this agreement of (a) the destruction by fire or other calamity of the building or enclosure in which the trade show is being produced and held; (b) hostile or warlike action in time of peace or war; (c) strikes; (d) statutes, ordinances or other legal authority; or (e) any other cause beyond AKANA's control.

Section 7. Entire Agreement. This contract and any other written documents duly executed by the parties hereto constitute the entire agreement between the parties and there are not verbal representations, warranties or agreements of any kind whatsoever.

THIS AGREEMENT IS SUBJECT TO THE TERMS, PROVISIONS, OBLIGATIONS, COVENANTS AND CONDITIONS PRINTED ABOVE WHICH ARE MADE A PART HEREOF AND WHICH EXHIBITOR ACKNOWLEDGES THAT IT HAS BEEN READ.

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be duly executed on behalf of them this_____ day of _____, year 2026.

Alaska Assn. of Nurse Anesthesiology
Exhibit Coordinator Signature

Authorizing Signature of Exhibitor

AKANA
Box 231
Diamondville, WY 83116
307-723-2762

For accurate records, signs, and nametags, please fill in the name, phone number, and email of the representative(s) who will be attending the conference and also email your company logo to akanacrna@gmail.com

Name: _____

Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

MAKE CHECKS PAYABLE TO:

AKANA

PO Box 231

Diamondville, WY 83116

CREDIT CARD PAYMENT:

If you wish to pay by credit card there will be a 3.5% fee added

An invoice with a link to pay will be emailed to you after the contract is received by email

Tax ID: 71-0982538