



ISPN 2024
PROVIDENCE, RI
APRIL 3-6, 2024 • OMNI PROVIDENCE HOTEL

International Society of Psychiatric-Mental Health Nurses 2024 Guidelines for Product Theater Sessions



2024 ISPN Annual Conference Applications Accepted until March 1, 2024

Product Theaters are commercially supported educational sessions held in conjunction with the ISPN Annual Conference in Providence, Rhode Island, **April 3-6, 2024**.

Programs must be open to all meeting attendees. Applications are subject to approval by the ISPN or its agents/Executive Office staff.

REQUIREMENTS:

The information presented in the Product Theater must be educational in nature and relate directly to the scientific interests and/or career development of attendees. Applications for Product Theaters will be evaluated for the ability to provide educational content distinct from that in the 2024 Annual Conference program. ISPN may refuse to accept any application that does not meet the criteria in these guidelines.

FEE:

\$5,000. Fee includes promotion by ISPN in the Final Program, on the ISPN website, and in the Annual Conference app; audio-visual equipment (LCD projector, screen, and podium microphone), a head table for four people, podium, and designated meeting room. Auxiliary costs related to the Product Theater, such as additional AV equipment, food and beverage, registration, materials, etc., are the responsibility of the hosting company.

CANCELLATIONS:

Cancellations received on or prior to **March 1, 2024**, will receive a full refund if slot can be reassigned. If slot cannot be reassigned a 50% refund will be granted. No refunds for cancellations after **March 1, 2024**.

International Society of Psychiatric-Mental Health Nurses
April 3-6, 2024 • Providence, Rhode Island, USA
2024 Product Theater Application



ISPN will have a meeting room available for the Product Theater. It will provide seating for up to 125 people. Product Theater sessions are available during these times:

- Thursday, April 4 Breakfast or Lunch Hour
- Friday, April 5 Breakfast or Lunch Hour
- Saturday, April 6 Breakfast

Sponsoring Organization: _____

Contact Name: _____

Email Address: _____

Address: _____

City, State/Province, Zip/Postal Code, Country: _____

Telephone: _____

Title of the Product Theater: _____

Presenter: _____ **Proposed Date of Session:** _____

Session Description (please submit a 50-word description as it should appear in the Final Program): _____

Learner Objective (50 words or less): _____

- **Room Sets:** Seating will be provided for up to 125 people and will include a head table for four people and a standing podium.
- **Audio/Visual Equipment:** Rooms will be set with the following A/V: LCD projector, screen, and podium microphone. Additional A/V can be ordered at the Sponsor's expense through conferences@ispn-psych.org.
- **Auxiliary Costs:** Auxiliary costs related to the Product Theater, such as additional AV equipment, food and beverage, registration, materials, etc., are the responsibility of the Sponsor.
- **Billing:** Full Payment of \$5,000 due with application; credit card will be charged upon approval.

Payment Type: Visa MasterCard Discover Check (payable in US funds, drawn on US bank to: ISPN)

Card Number: _____ **CVV:** _____

Name on Card: _____ **Exp. Date:** _____

Signature: _____

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Signature of Agreement: I agree to abide by the Rules and Regulations as issued by show management.

Signature: _____

Title: _____ **Date:** _____