

New Jersey State Nurses Association and the Institute for Nursing

2018 PROFESSIONAL SUMMIT

Dear Friends of Nursing:

We would like to extend an invitation to support us at our 2018 Professional Summit to be held in Iselin, New Jersey. The Summit will be held at APA Woodbridge on October 11, 2018. The theme is ***“The Future of the Nursing Profession in the Health Care System and Health Care Disparities.”***

We are writing to you as a friend and supporter of our organization to ask for your assistance for our upcoming Professional Summit. We look forward to your support for, and attendance at the 2018 New Jersey State Nurses Association’s and the Institute for Nursing’s Professional Summit.

**2018 SPONSORSHIP OPPORTUNITIES**

|  |  |  |
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| **Sponsorship Avenues** | **Exclusive** | **Partial** |
|  |  |  |
| 🞏 Deluxe Lunch Buffet | $5,000 | $2,500 |
| 🞏 President’s Celebration  Reception | $5,000 | $2,500 |
| 🞏 Thursday Morning Coffee | $2,000 | $1,000 |
| 🞏 Thursday Coffee Break | $1,000 | $ 500 |
| 🞏 Speaker Honorariums | $2,000 | $1,000 |
| 🞏 Technology | $1,500 | $ 750 |
| 🞏 Handouts | $1,500 | $ 750 |
| 🞏 Refreshment Service | $1,000 | $ 500 |
| 🞏 Name Badges | $ 650 | -- |
| 🞏 Miscellaneous | $ 500 | -- |

**No donation is too little. Any support is appreciated. Thank you!**

**Sponsorship Benefits:**

**$5,000 - $2,500**

* 1 Table-top display
* 1 ticket to President Reception
* 1 handout in program packet
* Recognition by event speakers from the podium
* Recognition on NJSNA website
* Signage prominently displayed at event
* Special mention in press releases
* Acknowledgment in the post *New Jersey Nurse* newsletter

**$2,000 - $500**

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* Recognition on NJSNA website
* Signage prominently displayed at event
* Acknowledgment in the post *New Jersey Nurse* newsletter

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| Agency/Contact Name: | |  | | | | |
| I would like to sponsor: | |  | | | | |
| Total Amount Due | | $ | | | | |
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| 🞏 Check Enclosed (Payable to NJSNA); 🞏 Purchase Order Attached; 🞏 Bill my Credit Card | | | | | | |
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| Cardholder: |  | | | | | |
| Card Number: |  | | Exp. |  | CVV |  |
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| Signature: |  | | | Date: |  | |

**QUESTIONS? Contact:**

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***“The Future of the Nursing Profession in the Health Care System and Health Care Disparities.”***