

DIVA AND DON SPONSORSHIP OPPORTUNITIES

\$ Level	Sponsorship Benefits
<input type="checkbox"/> \$5000 DIAMOND	<ul style="list-style-type: none"> ◆ VIP Reserved Table for 10 ◆ Color Centerfold Ad in Program Book ◆ Acknowledgement as Diamond Sponsor on all materials ◆ Acknowledgement as Diamond Sponsor at event ◆ Photo of Table Guests ◆ Tent Card on all Tables noting Diamond Sponsor ◆ Special Mention in Press Releases ◆ Website Acknowledgement
<input type="checkbox"/> \$3000 PLATINUM	<ul style="list-style-type: none"> ◆ Full Page Color Ad in Program Book ◆ Acknowledgement as Platinum Sponsor at event ◆ Special Mention in Press Releases ◆ Website Acknowledgement

Checks payable to:
Institute for Nursing
 1479 Pennington Road
 Trenton, New Jersey 08618
 Attention: Diva and Don Gala

The Institute for Nursing is a 501 (c) (3) not for profit corporation. Federal ID# 22-2259791. Information filed with the Attorney General concerning this charitable solicitation and the percentage of contributions received by the charity during the last reporting period that were dedicated to the charitable purpose may be obtained from the Attorney General of the State of New Jersey by calling 973-504-6215 and is available on the internet at: <http://www.state.nj.us/lps/ca/charfrm.htm>. Registration with the Attorney General does not imply endorsement

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\$ Level	Sponsorship Benefits
<input type="checkbox"/> \$2000 GOLD	<ul style="list-style-type: none"> ◆ Full Page B/W Ad in Program Book ◆ Acknowledgement as Gold Sponsor at event ◆ Special Mention in Press Releases
<input type="checkbox"/> \$1000 SILVER	<ul style="list-style-type: none"> ◆ 1/2 Page B/W Ad in Program Book ◆ Acknowledgement as Silver Sponsor at event ◆ Special Mention in Press Releases
<input type="checkbox"/> \$500 BRONZE	<ul style="list-style-type: none"> ◆ 1/4 Page B/W Ad in Program Book ◆ Acknowledgement as Bronze Sponsor at event
<input type="checkbox"/> \$150 GENERAL	<ul style="list-style-type: none"> ◆ Acknowledgement at event

Please complete, sign and return to noted address on form

Company Contact:& Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

SPONSORSHIP LEVEL AMOUNT: _____

Amex/Visa/MC/Discover Credit Card Number: _____

Expiration Date: _____ **Security Code:** _____

Signature: _____