Mississippi Nurses’ Association and Foundation

2017 Nightingale Awards Sponsorship Packet

Table Reservation Form
The Mississippi Nurses’ Association and Foundation invite your organization to participate as a sponsor of the 2017 Mississippi Nightingale Awards Gala. During this prestigious event, held Monday, March 6, 2017, 6:30 p.m. at the Downtown Marriott in Jackson, we will pay tribute to our State’s finest nurses and employers of nurses. Sponsorships are available in the following levels:

**Platinum Sponsor - $5,000**
- Recognition in promotional materials, signage at the event, and your logo in the Spring 2017 edition of the MSRN
- Logo printed in Nightingale presentation
- Opportunity to present an award
- Dinner reservations for two tables of 10 (20 guests total) at the gala dinner at 6:30 p.m. (Reservation form is also included in this packet.)
  - 50% discount off exhibit space at the 2017 MNA Annual Convention – Oct. 17-20, 2017, at the Mississippi Coast Coliseum and Convention Center, Biloxi, MS, which will provide you with an audience of more than 300 nurses, nurse educators, and nurse practitioners (Reservations required in order to be included in this event.)

**Gold Sponsor - $3,000**
- Recognition in promotional materials, signage at the event, and your logo in the Spring 2017 edition of the MSRN
- Logo printed in the Nightingale presentation
- Opportunity to present an award
- Dinner reservations for one table of ten (10) at the gala dinner at 6:30 p.m. (Reservation form is also included in this packet.)
  - 50% discount off exhibit space at the 2017 Nurse Practitioner Spring Conference – Date TBD, in Oxford, Mississippi, which will provide you with an audience of more than 250 nurse practitioners (Reservations required in order to be included in this event.)

**Silver Sponsor - $2,000**
- Recognition in promotional materials, signage at the event, and a full-page ad in the Spring 2017 edition of the MSRN
- Logo printed in Nightingale presentation
- Opportunity to present an award
- Dinner reservations for one table of ten (10) at the gala dinner at 6:30 p.m. (Reservation form is also included in this packet.)

Please submit your sponsorship form, and camera ready logo along with your check made payable to the Mississippi Nurses’ Association, and/or credit card information to MNA by Friday, February 10, 2017.
2017 Nightingale Sponsorship Agreement Form  
Mississippi Nightingale Awards Gala  
Monday, March 6, 2017  
6:30 P.M.

Organization: ____________________________________________________________

Contact person: __________________________________________________________

Address: ______________________________________________________________________

City, State, Zip: ____________________________________________________________

Office Phone: ____________________________  Cell Phone: ________________________

E-Mail: _________________________________________________________________

Level of Sponsorship:

✓ Platinum - $5,000  ✓ Gold - $3,000  ✓ Silver - $2,000

✓ We will not be able to act as a sponsor this year, but we would like to make a contribution to the Nightingale Awards Program in the amount of

✓ $500  ✓ $400  ✓ $300  ✓ $200  ✓ $100

Payment:

✓ Enclosed Check  ✓ Visa  ✓ MasterCard  ✓ American Express

Checks should be made payable to the MS Nurses Association

______________________________________________________________________________

If paying by credit card, please provide the following:

Card number: ______________________________________________________________________

Expiration Date: _____ / _____  3 or 4 digit code on back or front of card________________

Name as it appears on card: _______________________________________________________

Please return this form to:
MNA Nightingale Sponsorship, 31 Woodgreen Place, Madison MS 39110
2017 Nightingale Awards Gala
Table Reservation Form

The Mississippi Nightingale Awards Gala will be at 6:30 p.m., Monday, March 6, 2017 at the Marriott Hotel Downtown, 200 Amite St., Jackson, MS 39205. Complimentary parking will be available at the hotel.

Tables of 10 may be reserved at $600.00 per table. Tables must be purchased with one payment for the entire amount. Please complete the attached list of all guests to be seated at each table.

Individual Reservations are $75.00 each.

Fax or mail this reservation form, payment & list of guests to the MNA office by
Thursday, February 23, 2017

Organization Name (if applicable) __________________________________________________________

Contact Name ___________________________ Contact Phone ____________________________

Mailing Address ________________________________________________________________

City _____________________ State _________ Zip ______________

Contact E-mail __________________________

Reservations

☐ Individual Reservations _____ x $75.00 each = ____________

☐ Table Reservations _____ x $600.00 each = ____________

Please complete the attached reservation list for table reservations.

Payment:

☐ Enclosed Check ☐ Visa ☐ MasterCard ☐ Discover

If paying by credit card, please provide the following:

Card number: __________________________ __________________________ __________________________

Expiration Date _____ / _____ Zip Code associated with card: ______________

Name as it appears on card: __________________________________________________________

Deadline for reservations to this black-tie event is Thursday, February 23, 2017
Table Reservation Guest List

Please return this form (by fax or by mail) by Thursday, February 23, 2017 to

Mississippi Nurses Association
2017 Nightingale Reservations
31 Woodgreen Place, Madison MS 39110
Fax: (601) 898-0190

First Name for Table Tent: __________________________________________________________

Gala and Dinner Guests List
(Limit 10 per table. If you wish to offer empty seats at your table to nurses, please indicate by placing “nurse” in the name line)

1. __________________________  6. __________________________
2. __________________________  7. __________________________
3. __________________________  8. __________________________
4. __________________________  9. __________________________
5. __________________________ 10. __________________________

Second Name for Table Tent: __________________________________________________________

Gala and Dinner Guests List
(Limit 10 per table. If you wish to offer empty seats at your table to nurses, please indicate by placing “nurse” in the name line)

1. __________________________  6. __________________________
2. __________________________  7. __________________________
3. __________________________  8. __________________________
4. __________________________  9. __________________________
5. __________________________ 10. __________________________

(If more than two tables are included in your reservation, please copy this page and complete.)