MISSISSIPPI NURSES' ASSOCIATION PRESENTS...

The 26th Annual Statewide Nursing Summit



Dear Exhibitor/Sponsor:

The Mississippi Nurses Association's 2020 Nursing Summit will be from 7:30 a.m. until 3:30 p.m. Tuesday, February 18, 2020 at the Jackson Convention Complex, 105 East Pascagoula Street, Jackson, Mississippi. We expect to have over 800 registered nurses and nursing students attending the Summit to meet with legislators, hear nationally recognized speakers, and participate in this once-a-year event which brings nurses from all over Mississippi to Jackson. Exhibitor space will be limited. You will not want to miss the opportunity to network with this group.

Please complete the 2020 Nursing Summit Exhibitor Form and Contract and fax it to MNA at (601) 898-0190 or email dwalker@msnurses.org by Friday, January 31.

If you have any questions, please call our office at (601) 898-0670.

We hope to see you as an exhibitor in February!

Dana Walker

Mississippi Nurses' Association Director of Events & Marketing



2020: 26th Annual Nursing Summit Exhibitor and Sponsor Contract

The Mississippi Nurses Association's 2020 Nursing Summit Exhibit Hall table assignments will be made on a first-come, first-served basis. Exhibitors may set up on Monday, February 17, between 2:30 p.m. and 4:30 p.m. or between 6:30 a.m. and 7:30 a.m. on Tuesday, February 18, at the Jackson Convention Complex, 105 East Pascagoula Street in Jackson.

The booth fee is \$550. Payment is due by Friday, Jan. 31, 2020. Please complete the following form and fax it to (601) 898-0190, or e-mail it to dwalker@msnurses.org.

Contract	and payment must be in	the MNA office by close	e of business Fri	day, Feb. 7.		
Compan	y Name:				-	
Contact Person:		E-mail:			-	
		Phone: _			-	
City, State	e, Zip:				-	
\$	Exhibit Fee - \$550					
	for lunch*. (This cor	ne 8-foot back drop, one ntract does hereby reque uring the 2020 Nursing Su ay, February 18.)	est and agree t	o reserve an e	exhibit space	
\$	*Additional Lunches - \$15 each					
\$		00 oonsorship signage stating nition of the agency at t			dining area	
\$	Networking Break Sp This fee includes sp	oonsor - \$1,000 oonsorship signage stating	g the agency's	name in the	dining area.	
\$	Total Amount Enclose	ed				
MasterCard	VISA DOPRESS					
☐ Com	pany Check DISCOVER	Account Number	CVV Code	Exp. Date	Zip Code	
Card Holder's Signature			Card Hold	Card Holder's Name (Please Print)		
	dicate the names and er er, the exhibitor fee only inc					
1		Email Address:				
2	Email Address:					

MNA | 31 WOODGREEN PLACE | MADISON, MS 39110 | (601) 898-0670 | www.msnurses.org