MISSISSIPPI NURSES' ASSOCIATION PRESENTS...

## The 27th Annual

Legislative Nursing Summit



Dear Exhibitor/Sponsor:

The Mississippi Nurses Association's 2024 Nursing Summit will be from 7:30 a.m. until 3:45 p.m. Tuesday, February 27, 2024 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 2024 Nursing Summit Exhibitor Form and Contract and fax it to MNA at (601) 898-0190 or email dwalker@msnurses.org by Friday, February 9.

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



## 2024: 27th Annual Nursing Summit Exhibitor and Sponsor Contract

The Mississippi Nurses Association's 2024 Nursing Summit Exhibit Hall table assignments will be made on a first-come, first-served basis. Exhibitors may set up on Monday, February 26, between 2:30 p.m. and 4:30 p.m. or between 6:30 a.m. and 7:30 a.m. on Tuesday, February 27, at the Jackson Convention Complex, 105 East Pascagoula Street in Jackson.

**See Exhibit Fee and Sponsorship Rates below**. 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 of business Friday, February 9.

Company Name:					
		E-mail:		_	
Address:	Phone:			-	
City, State, Zip:				-	
for lunch*. (This cor	ne 8-foot back drop, one ntract does hereby reque uring the 2024 Nursing Sul ay, February 27.)	est and agree to	o reserve an e	exhibit space	
\$ <b>Networking Break Sp</b> This fee includes sp	oonsor - \$1,500 oonsorship signage stating	g the agency's	name in the o	dining area.	
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\$ Total Amount Enclose	ed				
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Please indicate the names and er	mail addresses of individu	uals who will be	present at yo	our exhibit.	
1	Email	Email Address:			
	Email Address:				

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