MISSISSIPPI NURSES' ASSOCIATION PRESENTS...

The 28th Annual

Legislative Nursing Summit



Dear Exhibitor/Sponsor:

The Mississippi Nurses Association's 2025 Nursing Summit will be from 7:30 a.m. until 3:45 p.m. Tuesday, February 25, 2025 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 2025 Nursing Summit Exhibitor Form and Contract and fax it to MNA at (601) 898-0190 or email dwalker@msnurses.org by Friday, February 7.

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



2025: 28th Annual Nursing Summit Exhibitor and Sponsor Contract

The Mississippi Nurses Association's 2025 Nursing Summit Exhibit Hall table assignments will be made on a first-come, first-served basis. Exhibitors may set up on Monday, February 24, between 2:30 p.m. and 4:30 p.m. or between 6:30 a.m. and 7:30 a.m. on Tuesday, February 25, 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 7.

Company Name:		
	E-mail:	_
	Phone:	
City, State, Zip:		_
for lunch*. (T for exclusive	900 Udes one 8-foot back drop, one skirted table, two chairs and this contract does hereby request and agree to reserve an use during the 2025 Nursing Summit at the Jackson Conversional Tuesday, February 25.)	exhibit space
· ·	eak Sponsor - \$1,500 udes sponsorship signage stating the agency's name in the	dining area.
	ides sponsorship signage stating the agency's name in the recognition of the agency at the keynote luncheon.	dining area
Mastercard Mastercard AM	ierican Copress	
☐ Company Check ☐ DIS	Account Number CVV Code	Exp. Date
Card Address, City, State, Zip:		
Card Holde	er's Signature Card Holder's Name (Plea	 use Print)
Please indicate the names	and email addresses of individuals who will be present at y	our exhibit.
1	Email Address:	
2	Email Address:	

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