

Philippines Nurses Association of America, Inc. 17<sup>th</sup> South Central Regional Conference Hosted By: PNA San Antonio, Texas Menger Hotel, San Antonio, Texas November 2 & 3, 2018





## Dear Friends & Supporters:

The Philippine Nurses Association of America, Inc. (PNAA) is holding its 17<sup>th</sup> South Central Regional Conference on November 2 & 3, 2018 at Menger Hotel, 204 Alamo Plaza, San Antonio, Texas 78205, with the Philippines Nurses Association of San Antonio (PNASA) as the Host Chapter. We anticipate that registered nurses of varied specialties will not only come from the South Central Region which includes states like Florida, Tennessee, Georgia and Texas but also PNAA chapters from North Central, Eastern, and Western regions of the US.

PNASA is inviting you to be part of our conference as an individual, group or company/organization event sponsor, exhibitor or advertiser in the souvenir program. Our theme this year is "The Power of Advocacy: Be Seen. Be Heard. Be Counted." There are great opportunities to showcase and provide extensive networking and visibility of your products and services. PNAA is committed to promoting nursing excellence in clinical practice, education, research, and leadership. We value your collaboration and generous contribution to the success of the conference.

In this packet are guidelines and forms for conference sponsors, exhibitors, and souvenir program advertisements. Your completed agreement/contract form and payment must be received on or before **October 15, 2018**. You will receive the PNASA Tax Exempt Number upon receipt of your contribution.

On behalf of PNAA and PNASA we sincerely thank you for supporting our endeavors in advancing the nursing profession. We look forward to seeing you at the 17<sup>th</sup> South Central Regional Conference.

For additional information, please contact:

Jane Neri, DNP, MSN, RN, CSSM, CNOR PNASA President 2018-2020 neri.jane@gmail.com

Sincerely Yours,

Jane Neri, DNP, MSN, RN, CSSM, CNOR

President, 2018-2020

Philippine Nurses Association of San Antonio

Gloria Lamela Briones, PhD, RN, NEA- BC

Glova Jamela Beriones

Vice President, 2018-2020

PNAA South Central Region, Inc.

madelyn D. yu

Madelyn Yu, MSN, RN President, 2018-2020

Philippine Nurses Association of America, Inc.

## SPONSORSHIP/ADVERTISER/EXHIBITOR/VENDOR AGREEMENT FORM

| Please check appropriate box below and send the completed form with corresponding fees by <b>October 15, 2018.</b> We appreciate your support.                     |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Name of Organization/Company/Agency:                                                                                                                               |  |  |  |  |  |
| Contact Person:                                                                                                                                                    |  |  |  |  |  |
| Address:                                                                                                                                                           |  |  |  |  |  |
| Email:                                                                                                                                                             |  |  |  |  |  |
|                                                                                                                                                                    |  |  |  |  |  |
| I. SPONSORSHIP PACKAGES/LEVELS                                                                                                                                     |  |  |  |  |  |
| * Select by checking your choiceGold Sponsorship (\$1,500)                                                                                                         |  |  |  |  |  |
| 1 1/2 days of convention table exhibits                                                                                                                            |  |  |  |  |  |
| Two (2) tickets to an event of your choice                                                                                                                         |  |  |  |  |  |
| Signage display at the entrance of the convention hall                                                                                                             |  |  |  |  |  |
| One full-page ad in souvenir journal                                                                                                                               |  |  |  |  |  |
| Display of company link on PNASA website upon sign up for up to 1 year after the convention event                                                                  |  |  |  |  |  |
| Silver Sponsorship (\$1,000)                                                                                                                                       |  |  |  |  |  |
| 1 1/2 days of convention table exhibits                                                                                                                            |  |  |  |  |  |
| One (1) ticket to an event of your choice                                                                                                                          |  |  |  |  |  |
| Signage display at the entrance of the convention hall                                                                                                             |  |  |  |  |  |
| One full-page ad in souvenir journal                                                                                                                               |  |  |  |  |  |
| Display of company link on PNASA website upon sign up for up to 6 months after the convention event                                                                |  |  |  |  |  |
| II. EVENT SPONSORSHIP                                                                                                                                              |  |  |  |  |  |
| * Select by checking your choice                                                                                                                                   |  |  |  |  |  |
| Educational Conference Sponsorship                                                                                                                                 |  |  |  |  |  |
| III. SOUVENIR JOURNAL ADVERTISEMENT PACKAGE                                                                                                                        |  |  |  |  |  |
| Select by checking your choice                                                                                                                                     |  |  |  |  |  |
| <ul> <li>☐ Outside Back Cover- \$500</li> <li>☐ Inside Back Cover - \$300</li> <li>☐ Inside Front Cover - \$300</li> <li>☐ Name Listing</li> <li>☐ \$35</li> </ul> |  |  |  |  |  |

**NOTE:** SUBMIT CAMERA Ready lay out/picture electronically using PDF, JPEG, or Word format to Aura Casabar at **mypnasa@hotmail.com** (Please indicate on subject line: **SOUVENIR AD**)

## IV. EXHIBITOR/TABLE VENDOR

## \* Select by checking your choice

| 1 1/3  | Days | \$300.00 |
|--------|------|----------|
| I I /Z |      | wood.oo  |

NOTE: Exhibitor's fees include skirted table, chairs, one free registration, acknowledgement in the

| souvenir journal, and acknowledgement in the screen on day of the event.                                                                                                                  |                                                                       |                        |                       |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------|-----------------------|--|--|
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| V PAYMENT II                                                                                                                                                                              | IFORMATION/AGREE                                                      | MENT                   |                       |  |  |
| V.I AIMERI II                                                                                                                                                                             | II ORMATION/AGREE                                                     | WILLY!                 |                       |  |  |
| ☐ I agree with the deliverables, as list<br>Advertisement, or Vendor/Exhibitor<br>above.                                                                                                  |                                                                       |                        |                       |  |  |
| Payment Method:                                                                                                                                                                           |                                                                       |                        |                       |  |  |
| Credit Card: Please check                                                                                                                                                                 | AmexMas                                                               | sterCard               | Visa                  |  |  |
| Card Holder's Name:                                                                                                                                                                       | Ехр                                                                   | oiration Date:         |                       |  |  |
| Credit Card #:                                                                                                                                                                            |                                                                       | CVV Number:            |                       |  |  |
| Send completed form and check to: Maria Danet Bluhm, PhD, RN, MSCI 11251 Woodridge Forest San Antonio, TX 78249  Email: lapiz-bluhm@outlook.com Phone: (210) 577-9469                     |                                                                       |                        |                       |  |  |
| Authorized signature:                                                                                                                                                                     |                                                                       | Date:                  |                       |  |  |
| Print (Name)                                                                                                                                                                              |                                                                       |                        |                       |  |  |
| Cancellation Policy: Cancellation up to 30 days until the event is subject to a 50% charge. All ca Inc. reserves the right to cancel this offer at any submissions are subject to review. | cellations must be in writing. The                                    | e Philippine Nurses As | sociation of America, |  |  |
| For more i                                                                                                                                                                                | formation, please contact:                                            |                        |                       |  |  |
| South Central Regional C                                                                                                                                                                  | NP, MSN, RN, CSSM, CNOR<br>onference Corporate Spor<br>jane@gmail.com | nsorship Chair         |                       |  |  |
| *Please do not writ                                                                                                                                                                       | below this line (for P                                                | NAA Host only)         |                       |  |  |
|                                                                                                                                                                                           |                                                                       |                        |                       |  |  |
| Remarks:                                                                                                                                                                                  |                                                                       |                        |                       |  |  |
| Solicited by:                                                                                                                                                                             |                                                                       |                        |                       |  |  |
| Payment received by:                                                                                                                                                                      |                                                                       | Date:                  |                       |  |  |