

Mississippi Nurses' Association and Foundation

# 2019 Nightingale Awards Sponsorship Packet

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## Table Reservation Form

## 2019 Nightingale Sponsor Benefits and Agreement Form

The Mississippi Nurses' Association and Foundation invite your organization to participate as a sponsor of the 2019 Mississippi Nightingale Awards Gala. During this prestigious event, held **Monday, March 4, 2019, 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 a full-page ad in the Spring 2019 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 2019 MNA Annual Convention – Oct. 22-25, 2019, 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 a half-page ad in the Spring 2019 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 2019 Nurse Practitioner Spring Conference – April 11-13, 2019, in Natchez, 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 your logo in the Spring 2019 edition of the MSRN
- Logo printed in Nightingale presentation
- Opportunity to co-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 08, 2019.**

## 2019 Nightingale Sponsorship Agreement Form

Mississippi Nightingale Awards Gala

Monday, March 4, 2019

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

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**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

## 2019 Nightingale Awards Gala Table Reservation Form

The Mississippi Nightingale Awards Gala will be at **6:30 p.m., Monday, March 4, 2019** 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  
**Wednesday, February 27, 2019**

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 Wednesday, February 27, 2019**

## Table Reservation Guest List

Please return this form (by fax or by mail) by **Wednesday, February 27, 2019** to

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

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 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.)