

NEW JERSEY LEAGUE FOR NURSING
2008 GALA & NURSE RECOGNITION AWARD SPONSORSHIPS

The New Jersey League for Nursing will celebrate nursing excellence at the 2008 Autumn Gala. We are asking for your support of this event and our 2008 Nurse Recognition Award winners. We would like to offer corporations, healthcare facilities, and individuals the opportunity to put their names in front of our attendees. Sponsors are publicly acknowledged at the Gala and are listed in our program journal that is used for publicity purposes throughout the year. Sponsors have the opportunity to fund an event exclusively or partially.

| SPONSORSHIPS | PARTIAL | EXCLUSIVE |
|--|----------------|------------------|
| Gala Dinner | ()\$ 2,000 | ()\$ 7,000 |
| Welcome Reception | ()\$ 1,500 | ()\$ 3,000 |
| Gala Journal of Reports | ()\$ 1,000 | ()\$ 3,000 |
| Gala Invitations | ()\$ 1,000 | ()\$ 2,500 |
| Nurse Recognition Award Plaques | ()\$ 500 | ()\$ 1,000 |
| Gala Promotional Gift | ()\$ 500 | ()\$ 1,000 |
| Gala Supplies/Postage | ()\$ 500 | ()\$ 1,000 |
| Table Sponsor (tickets given to NJLN to distribute) ---- | | ()\$ 750 |
| Music Entertainment | ()\$ 250 | ()\$ 500 |
| Photographer Services | ()\$ 250 | ()\$ 500 |
| Gala Raffle/Door Prizes | ()\$ 100 | ----- |
| Gala Ticket Scholarship for Nurse or Student ----- | | ()\$ 75 |
| Miscellaneous Donation | ()\$ ----- | |

(If the activity you have selected is not available, NJLN will transfer your sponsor donation to another activity to help defray costs.)

(PLEASE PRINT)

Sponsor Company/Individual: _____

Address: _____
Street City State Zip

Contact Person: _____ Title: _____

Phone: () _____ Fax: () _____ E-Mail: _____

(Please contact our office if you have budget requirements that need special payment arrangements.)

Check enclosed payable to: "NJLN"

()Charge to: ()VISA ()MASTERCARD ()AMERICAN EXPRESS

Acct # _____ Exp. Date: _____

Security # on back of card: _____ "

Amount: \$ _____

Name on card: _____ Signature: _____

Please return completed form and payment to:

New Jersey League for Nursing, Autumn Gala
 332 North Avenue, Box 165, Garwood, New Jersey 07027

If further information is needed, please contact:

Gail Hammond, NJLN (908) 789-3398 Fax: (908) 789-0727 E-Mail: NJLNurse@aol.com

Thank you for your support of the New Jersey League for Nursing!