

www.sainausa.com

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Khusnumai Khan

**Editorial/Newsletter:** Jomol Puthen

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Limi Thomas

**Election:**Beena Chorath

### **Appeal for Vendor/ Advertisement sponsorship**

Dear Sir/ Madam,

SAINA (San Antonio Indian Nurses Association) is non-Profit organization under section 501 © 3, with the primary goal of uniting all nurses of Indian heritage. We facilitate professional growth, identify and pursue the unique professional, social and cultural needs of our members.

SAINA is holding its first Annual conference entitled, **Developing the Leader YOU ARE MEANT TO BE** on Saturday, **November 23** rd, **2019** at the St. Mathew Church McDonald Family Center located at 10703
Wurzbach Rd, San Antonio, TX 78230 from 08:00 AM to 4:00 PM and a Gala event from 06:00 PM to 10:00 PM.

SAINA is inviting you to be part of this historic annual event as an individual, group or company/organization event sponsor, exhibitor or advertiser in the program. There are great opportunities to showcase your organization, services or products during this event. At this conference, we are expecting about 500 attendees including RNs, APRNs, student nurses, and their family members from San Antonio and other major cities in Texas and USA.

In this packet are guidelines and forms for conference sponsors, exhibitors, and program advertisements. Please complete the agreement/contract form and payment and send to SAINA on or before **September 15 th, 2019**.

On behalf of its organizational members, SAINA sincerely appreciates you for supporting our endeavors in advancing the nursing profession through education and community service/outreach. SAINA is committed to promoting nursing excellence in clinical practice, education, research, and leadership. We value your collaboration and generous contribution to the success of this conference.

Thanking you.

Sincerely,

Pressanna Parackal

Dr. Pressanna Parackal, DNP RN, CCRN, CNRN, CRRN, RN-BC. President , SAINA. pressanna@hotmail.com



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### **SPONSORSHIP / ADVERTISER / EXHIBITOR / VENDOR AGREEMENT FORM**

Please check the appropriate box below and send the completed form with corresponding fees by <b>September 15 th, 2019.</b> We appreciate your support.
Name of Organization/Company/Agency:
Contact Person:
Address:
Email and Phone #:
SPONSORSHIP PACKAGES / LEVELS
GOLD Sponsor (\$3,000)
<ol> <li>Table exhibits</li> <li>Three (3) tickets to the event (Seminar and Gala)</li> <li>Signage display at the entrance of the venue</li> <li>Name appears in the program as Event Sponsor</li> <li>Speaking part during lunch (10 minutes)</li> <li>Display of company link on SAINA Social Media Site for up to 1 year after the event</li> <li>Company logo on all event materials (pre-event promotions) and Full page Journal.</li> </ol>
SILVER Sponsor (\$2000)
<ol> <li>Two (2) tickets to the event (Seminar and Gala)</li> <li>Signage display at the entrance of the venue</li> <li>Name appears in the program with level of sponsorship</li> <li>Speaking part during program (5 minutes)</li> <li>Display of company link on SAINA Social Media Site for up to 1 year after the event</li> <li>Company logo on all event materials (pre-event promotions) and Half page Journal.</li> </ol>
BRONZE (\$1000)
1. One (1) ticket to the event (Seminar and Gala)

2. Signage display at the entrance of the venue

3. Name appears in the program with level of sponsorship

4. Recognition on SAINA Social Media Site and Quarter page Journal.



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### **EVENT SPONSORSHIP**

### Select by checking your choice

Sponsors will be recognized during the program and the names will appear in the Program Brochure/Journal

- Tote Bag/Binder (\$1000) (Company Logo on the Tote Bag)
- Breakfast/Coffee Sponsors (\$500)

<ul> <li>Table Sponsor/Exhibits (\$300)</li> <li>Journal Full page (\$1000)</li> <li>Journal Half page (\$500)</li> <li>Journal Quarter page (\$250)</li> </ul>
In kind donation: i.e. program printing; flowers/center pieces, harpist, A-V, etc. \$
☐ I agree with the deliverables, as listed on the front page, in regard to Sponsorships and Advertisement and I agree with the terms and conditions as stipulated above.
Make checks payable to: <u>SAINA, P O POX / 29841 San Antonio, TX 78229</u> Mail checks and completed from to: <u>Jai Thomas, 7818 Lacey Oak Cove, San Antonio, TX 78250</u> Question: Contact <u>Missam Merchant MBA, RN, EVP SAINA, Planning Committee Co-Chair Email: sam.merchant2017@gmail.com/sainausa@sainausa.com</u> Mobile: <u>210-853-6127</u> Website: www.sainausa.com
Authorized signature:Date:
Print (Name):
Cancellation Policy: Cancellation up to 30 days before the event is subject to a 25% charge; and, cancellation 15 days up until the event is subject to a 50% charge. All cancellations must be in writing. The San Antonio Indian Nursing Association(SAINA) reserves the right to cancel this offer at any time; and to refuse any advertising they deem inappropriate. All submissions are subject to review.
Please do not write below this line (for SAINA use only)
Remarks:
Solicited by:

Payment received by:



P.O. Box # 29841, San Antonio TX, 78229

www.sainausa.com, sainausa@sainausa.com

### **Membership Application Form**

Application Date:		• •		
Membership Type (One Year Term):  Affiliate Member(\$25)	Student Member(\$30)	Associate Memb	er(\$25)	
Retired Nurse Member(\$20)	, ,	ar Term) (\$200)		
Name:				
Last Name	First Name		MI	
Address:				
Number/ Street Name		State		
Phone Number:()	( )	(	)	
Home	Cell		Work	
- "	5. 65			
E-mail Address:	Place of Employment:.			
Position:	Area of Specialty:			
Basic School/ College of Nursing Attended:				
Ethnicity: 🔲 Asian Indian 🛛 Asian Indian	descent 🔲 Other (please	specify)		
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Highest Level of Education: 🔲 High-School	☐ Dibloma ☐ BSN ☐ BS [		MBA Doctorate	
Please contact Malathi Balraj at Malthi.Balra	aj@uhs-sa.com for Member៖	ship questions. Y	our signature	
below indicates that you are hereby agreeir	. •		•	
below indicates that you are hereby agreen	ng to the terms and will upho	na trie mission, v	ision and bylaws of	
SAINA. Please return the completed form a			ISION AND DYIAWS OF	
SAINA. Please return the completed form a	long with a check for approp	oriate fees.	ŕ	
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SAINA. Please return the completed form a	llong with a check for approp	oriate fees. y Oak Cove, Sal	n Antonio, TX 78250	
SAINA. Please return the completed form a  Make the check payable to SAINA and mail	llong with a check for approp	oriate fees.  y Oak Cove, Sal	n Antonio, TX 78250	
SAINA. Please return the completed form a  Make the check payable to SAINA and mail  Signature of the Prospective Member:	llong with a check for approp	oriate fees.  y Oak Cove, Sal	n Antonio, TX 78250	



### Theme:

"Developing the leader YOU ARE MEANT TO BE"

Gala: 6:00PM-10:00PM 40\$ only

Join us on Saturday, November 23rd, 2019

Conference: 0800am-0400pm 15\$ only

Annual

conference

SAVE THE DATE Opportunity: 7.0 Contact Hours

Available for nurses.

### LOCATION:

St. Matthews McDonald Family Center 10703 Wurzbach Rd, San Antonio, TX 78230





# Masguerade

St. Matthew Catholic Church

WALDEN UNIVERSITY A higher degree. A higher purpose.



