



San Antonio Indian Nurses Association

www.sainausa.com

SPONSORSHIP/ADVERTISER/EXHIBITOR/VENDOR AGREEMENT FORM

Please check the appropriate box below and send the completed form with corresponding fees by **September 15th, 2019**. We appreciate your support.

Name of Organization/Company/Agency: _____

Contact Person: _____

Address: _____

Email and Phone #: _____

SPONSORSHIP PACKAGES/LEVELS

___ **GOLD Sponsor (\$3,000)**

1. Table exhibits
2. Three (3) tickets to the event (Seminar and Gala)
3. Signage display at the entrance of the venue
4. Name appears in the program as Event Sponsor
5. Speaking part during lunch (10 minutes)
6. Display of company link on SAINA Social Media Site for up to 1 year after the event
7. Company logo on all event materials (pre-event promotions) and Full page Souvenir.

___ **SILVER Sponsor (\$2000)**

1. Two (2) tickets 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. Speaking part during program (5 minutes)
5. Display of company link on SAINA Social Media Site for up to 1 year after the event
6. Company logo on all event materials (pre-event promotions) and Half page Souvenir

___ **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 Souvenir.



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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/Souvenir

- _____ Tote Bag/Binder (\$1000) (Company Logo on the Tote Bag)
- _____ Breakfast/Coffee Sponsors (\$500)
- _____ Table Sponsor/Exhibits (\$300)
- _____ Souvenir Full page (\$1000)
- _____ Souvenir Half page (\$500)
- _____ Souvenir Quarter page (\$250)

In kind donation: i.e. program printing; flowers/center pieces, harpist, A-V, etc. \$ _____

PAYMENT INFORMATION/AGREEMENT

- 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: SAINA

Mail checks and completed from to: Jai Thomas, 7818 Lacey Oak Cove, San Antonio, TX 78250

Question: Contact Missam Merchant MBA, RN, EVP SAINA, Planning Committee Co-Chair

Email: sam.merchant2017@gmail.com/sainausa@sainausa.com Mobile: 210-853-6127

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: _____

Date: _____