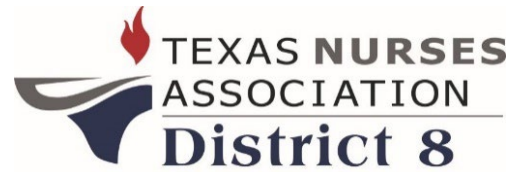




Delta Alpha
at-Large Chapter



Dear Nurse Leader,

Greetings from the **2024 South Texas Nurse Imagemaker Celebration Committee!** Nurses Week will be here before we know it.

You are invited to recognize a Registered Nurse (RN) from your organization as a Nurse Imagemaker. This important recognition has been a tradition for over 25 years, continuing the collaboration of Delta Alpha-at-Large Chapter of Sigma Global Nursing Excellence (Sigma) and District 8, Texas Nurses Association (TNA).

The tradition of Texas Nurses Association District 8 and Sigma, Delta Alpha at Large Chapter will continue with recognition of the accomplishments of Registered Nurses at the **South Texas Nurse Imagemaker Awards Celebration**. This year's celebration will be **in-person at The Hyatt Resort Spa** The luncheon event will occur on **May 24th**, mark your calendars!

Please find included in this email:

- Imagemaker nomination form
- Imagemaker nomination checklist
- Imagemaker Event Sponsorship information and commitment form

Please **email** the Nomination form with photos by **April 07, 2024** to:

Mindy Spigel, mgspigel@gmail.com

Please **MAIL** the Sponsorship form by **April 21, 2024** to:

TNA District 8, PO Box 29404, San Antonio, TX 78229

NOTE: There is no fee required to nominate a Registered Nurse Imagemaker.

We hope that this early invitation gives you enough time to complete the nomination process for the registered nurse who is most deserving of being named the 2024 South Texas Nurse Imagemaker from your organization.

Mary P Hernandez

Mary Hernandez, MSN, RN
Co-Chair Planning Committee
Texas Nurses Association, D8
Mary.Hernandez@MHShealth.com
C 210-315-4576 | O 210-575-9356

Yvonne Davila

Yvonne Davila
Co-Chair Planning Committee
Sigma, Delta Alpha at Large
yadavila@uiwtx.edu
210-832-3289

2024 South Texas Nurse Igemaker Checklist

1. Nurse Igemaker Recognition Information:

Deadline for Submission: **April 07, 2024**

- X Complete the Nurse Igemaker Nomination Form
- X Complete nomination narrative not to exceed two pages, double spaced
- X Notify the 2024 Nurse Igemaker about the award and ceremony specifics
- X Notify the 2024 Nurse Igemaker to expect information about an essay competition for the **Ruth Stewart Nurse Igemaker Award**
- X Submit **3 Digital Photos (.jpg)** of the 2024 Nurse Igemaker
 - o In front of the organization's sign or logo
 - o In the work setting
 - o In a leisure setting with a hobby, favorite activity or family
- X **EMAIL** nominee submission form, essay & .jpg photos to: mgspigel@gmail.com

2. Sponsorship Information:

Deadline **April 21, 2024**

- Complete Sponsorship Commitment Form
 - o Identify Sponsorship level
 - o **Email** organization logo in .jpg format to
- Enclose check for Sponsorship and any additional seats
- Mail** form and payment to: TNA District 8, PO Box 29404, San Antonio, TX 78229



2024 South Texas Nurse Igemaker Nomination Form

Deadline: **April 07, 2024**

Nurse Igemaker Information:

Please provide the name & credentials of Igemaker exactly as you would like them to appear in the program and on the recognition certificate. Please use ANCC guidelines for presenting credentials: <https://www.nurse.com/blog/whats-the-right-way-to-list-nursing-credentials/>

Nurse Igemaker <u>Name & Credentials</u>	
Title/Role in the Organization	
Name of the Organization	
E-mail of Igemaker Nominee	
Nominee Work Phone/Home or Mobile Phone	Work Home/Mobile

Please attach a narrative (Word file) about the organization's 2024 Nurse Igemaker.

The document should be a maximum of 2 pages, double spaced. This information will be used to introduce the Nurse Igemaker during the celebration. A copy of the narrative will also be provided to the Igemaker. Descriptions should include these elements:

- How the RN Igemaker projects a professional image
- Comments from patients, peers, and others about the RN Igemaker
- Leadership qualities displayed by the RN Igemaker
- Unique contributions of the RN Igemaker to the profession and your organization
- How the RN Igemaker demonstrates commitment to professional development

Information about person nominating the Nurse Igemaker

Name/Credentials	
Title/Role in the Organization	
E-mail	
Phone	
Name & phone number of <u>contact person for information about Igemaker</u>	

SPONSORSHIP COMMITMENT FORM

Deadline April 21, 2024 to be included *in the program*

Name/Title:	
Organization:	
Address:	
City/State/Zip Code:	
Contact Person/Telephone:	
Contact Person/Email:	

Your participation and sponsorship are crucial to the success of this event.

_____ **Platinum: \$2000** includes premium table placement, seating for your IM nominee and 9 others, program recognition & advertisement (slide/message)

_____ **Gold: \$1500** includes premium seating for your IM nominee and 9 others, program recognition, & advertisement (slide/message)

_____ **Silver: \$1000** includes seating for your IM nominee and 9 others, program recognition, & advertisement (slide/message)

Individual tickets for seats (75.00 each) Number of tickets for seats: _____

Special dietary request for guests? NO ___ YES ___
of Vegetarian meal(s) _____ # of Gluten-free meal(s) _____

TOTAL AMOUNT SUBMITTED: \$ _____

Make checks payable to: Texas Nurses Association, District 8 - Imagemaker Event

Mail checks and completed form to:

Texas Nurses Association, District 8
PO Box 29404, San Antonio, TX 78229



Electronic Payments: