

**N-NURSE, Inc. (EIN #37-1519748) (DUNS #623970907)**  
**Sponsorship Levels for Tenth N-NURSE Symposium**  
**November 7-8, 2019**  
**Little America Hotel and Conference Center, Flagstaff, Arizona**

**CORAL LEVEL SPONSOR**

Conference Sponsor - \$5,000

- One exhibit table & up to three promotional inserts in attendee packet
- Two (2) full symposium registrations includes banquet
- Two (2) additional guest passes to the banquet
- Name and logo on symposium material & web page link to your web site

**WHITE SHELL LEVEL SPONSOR**

Conference Sponsor - \$2,500

- One exhibit table & up to two promotional inserts in attendee packet
- One (1) full symposium registrations includes banquet
- One (1) additional guest pass to the banquet
- Name and logo on symposium material & web page link to your web site

**TURQUOISE LEVEL SPONSOR**

Conference Sponsor - \$1,500

- One exhibit table & up to two promotional inserts in attendee packet
- One (1) full symposium registration includes banquet
- Name and logo on symposium material & web page with link to your web site

**ABALONE SHELL LEVEL SPONSOR**

Conference Sponsor - \$1,000

- One exhibit table & one promotional insert in attendee packet
- One (1) full symposium registration includes banquet
- Name and logo on symposium material & web page with link to your web site

**BLACK JET LEVEL SPONSOR**

Conference Sponsor - \$500

- One promotional insert in attendee packet
- One (1) guest pass to the banquet
- Name and logo on symposium material & web page with link to your web site

(see form on following page)

**Sponsor Registration Form**  
**Navajoland Nurses United for Research, Service and Education (N-NURSE)**  
**Tenth Navajoland Nursing Symposium November 7-8, 2019**  
**Little American Hotel and Conference Center, Flagstaff, Arizona**

<b>Sponsor Information</b>		
Organization		
Contact Name		
Street Address 1		
Street Address 2		
City, State, Zip Code		
Contact Phone		
Contact Fax		
Web Address of Org.		
Contact email Representative 1 (Name)		
Contact email Representative 2 (Name)		
<b>Support Level</b>		
<input type="checkbox"/> Contributing Conference Sponsor Coral Level	\$5,000	= \$
<input type="checkbox"/> Contributing Conference Sponsor White Shell Level	\$2,500	= \$
<input type="checkbox"/> Contributing Conference Sponsor Turquoise Level	\$1,500	= \$
<input type="checkbox"/> Contributing Conference Sponsor Abalone Shell Level	\$1,000	= \$
<input type="checkbox"/> Contributing Conference Sponsor Black Jet Level	\$500	= \$
<b>TOTAL</b>		<b>\$</b>
<b>AGREEMENT</b>		
<p>N-NURSE is hereby authorized to reserve space for our use during the N-NURSE Symposium. This sponsor application is made with the understanding that the sponsor applicant agrees to abide by all rules, requirements, and restrictions that N-NURSE, Management, the hotel/hall, or the city may especially designate regulations as set forth in this agreement. Failure to abide by such rules and regulations result in forfeiture of all monies paid or due Management under terms of this agreement.</p>		
<b>FEES                      N-NURSE EIN #37-1519748                      &amp;                      DUNS #623970907</b>		
<p>The sponsor agrees to pay the full amount of the sponsorship with this application. No exhibitor may assign, sublet the whole or any part of the space allotted, nor exhibit therein any goods other than manufactured or handled by the exhibitor in the regular course of business.</p>		
<p>*Enclose Check payable to N-NURSE. Send to: N-NURSE, PO Box 398, Window Rock, AZ 86515</p>		
Signature of Responsible Party:		Date:

For Questions contact Linda Petri at [info@n-nurse.org](mailto:info@n-nurse.org) or 505-459-2619