

November 15, 2011



PLAN TO PARTICIPATE

WHAT: Annual Nursing Education Summit, Ohio 2012, Ohio League for Nursing

WHEN: **March 30, 2012 (Friday)**

WHERE: Embassy Suites Dublin, 5100 Upper Metro Place, Dublin OH 43017.

2012 THEME: EDUCATION & PRACTICE: Charting the Course for Leadership & Lifelong Learning

KEYNOTE SPEAKER: *Judith Halstead, PhD, RN, ANEF, President of the National League for Nursing*

Over 200 persons attend the Nursing Education Summit each year including nurse educators from all types of nursing program, administrators from schools of nursing and staff development.

Your agency or you as an individual can participate in **one or more** of several ways:

1. As an **exhibitor** (see Exhibitor Contract). Exhibitor displays have been planned for Friday, March 30, 2012 from 7:30 AM to 3:00 PM
2. As a **sponsor or supporter** of an event (see Sponsorship Preference);
3. By placing an **ad in the Program Brochure** (see Sponsorship Preference);

We would like to extend an invitation to you or your organization to participate. Enclosed are exhibitor and sponsor forms for you to complete. Please complete and return the enclosed forms by **January 14, 2012**. You will find this an excellent opportunity to let others learn about your organization as well as to show your support of nursing education and the Ohio League for Nursing.

I would be pleased to answer any questions you may have.

Sincerely

A handwritten signature in cursive script that reads "Jane F. Mahowald".

Jane F. Mahowald, MA, RN, ANEF

Executive Director

email: jfmahowald@aol.com

Enc.

OHIO LEAGUE FOR NURSING
Nursing Education Summit, Ohio 2012, March 30, 2012
Embassy Suites Dublin, 5100 Upper Metro Place, Columbus OH 43017
EXHIBITOR CONTRACT

This is to reserve _____ exhibitor space(s) at the Nursing Education Summit, Ohio 2012 sponsored by the Ohio League for Nursing on Friday, March 30, 2012 from 7:30 AM to 3:00 PM.

NAME OF ORGANIZATION _____

ADDRESS: _____

PRODUCT(S) TO BE DISPLAYED: _____

CONTACT PERSON: _____

PHONE: _____ Email: _____

REPRESENTATIVE WHO WILL STAFF THE EXHIBIT:

Name: _____ Title: _____

Email: _____

One (1) Six Foot Table (draped) will be provided per space: Fee for one representative: Check one:

\$395 per space (This includes continental breakfast, lunch, AM and PM break for one representative)

\$65 for each additional representative, indicate number _____ Total amount _____

\$485 per space (This includes continental breakfast, lunch, AM & PM break as well as attendance for the same representative to also attend all program portions of the March 30, 2012 Nursing Education Summit)

ELECTRICAL OUTLET Additional \$25.00 fee: YES _____ NO _____

(Electrical outlets are limited. Participant will need to provide their own extension cords.)

Enclosed is \$ _____ as payment for the space we have reserved.

Signed _____ Date _____

Please complete and return this form along with your check made payable to the Ohio League for Nursing to:
Ohio League for Nursing, Park West Office Building, 20545 Center Ridge Road, Suite 205,
Rocky River, Ohio 44116.
Phone: 440-331-2721 FAX: 440-331-2744

Response requested by January 14, 2012 .

OLN USE ONLY

Date Contract Received _____ Space Number Assigned _____

Date Check Received _____ Check No. _____ Amount _____

OHIO LEAGUE FOR NURSING
Nursing Education Summit, Ohio 2012, March 30, 2012
Embassy Suites Dublin, 5100 Upper Metro Place, Columbus OH 43017

SPONSORSHIP PREFERENCE

**Please indicate your preference(s) for sponsorship and return by January 14, 2012 with your check made payable to:
Ohio League for Nursing, 20545 Center Ridge Road, Suite 205, Rocky River, Ohio 44116
Phone: 440-331-2721 FAX: 440-331-2744**

We (I) will sponsor the Ohio League for Nursing Education Summit 2012 in the following way(s):
(Acknowledgement of sponsorship will be posted at event and printed in program brochure)

- | | |
|--|--------|
| _____ Support for Continental Breakfast | \$800 |
| _____ Support for Coffee/Refreshment Break | \$800 |
| _____ Support for Luncheon | \$1200 |
| _____ Support for a Speaker | \$1200 |

Note: Donations from individuals or agencies less than amounts stated above will be listed as patrons in the program brochure.

AD IN THE PROGRAM BOOKLET (Send camera ready copy with payment)

- | | |
|--------------------------------------|-------|
| _____ Business Card | \$60 |
| _____ 1/4 Page (Approx 4"w by 5"h) | \$225 |
| _____ 1/2 Page (Approx 8"w by 5"h) | \$350 |
| _____ full page (Approx 8"w by 10"h) | \$650 |

NAME: _____

AGENCY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ Email: _____

*The League for Nursing is a non-profit 501(c) (3) agency and contributions may be tax deductible.

OLN USE ONLY

Date Contract Received: _____

Date Check Received: _____ Check No: _____ Amount: _____