



Philippine Nurses Association of America, Inc.
19th Eastern Region Conference
Hosted By: PNA Maryland Chapter
Embassy Suites Baltimore Inner Harbor, Baltimore, Maryland
November 10-11, 2017

February 10, 2017

Dear _____,

The Philippine Nurses Association of America, Inc. (PNAA) is holding the 19th Eastern Region Conference on November 10-11, 2017 at Embassy Suites Baltimore Inner Harbor & Grand Historic Venue, 222 St. Paul Place, Baltimore, Maryland 21202 with the Philippine Nurses Association Maryland Chapter (PNAMC) as the Host Chapter. The theme of the conference is "Creating a Destiny of Greatness: The Asian-American Narrative." We anticipate that our participants will not only come from the Eastern Region but other chapters from North Central, Western, and South Central Regions.

PNAMC is inviting you to be part of our conference as an individual, group or company/organization sponsor, exhibitor or advertiser in the souvenir program. There are great opportunities to showcase and provide extensive networking and visibility of your products and services. PNAA is committed to promoting nursing excellence in clinical practice, education, research, and leadership. We value your collaboration and generous contribution to the success of the conference.

In this packet are guidelines and forms for conference sponsors, exhibitors, and souvenir program advertisements. Your completed agreement/contract form and payment must be received on or before August 1, 2017. You will receive the PNA MC tax exempt number upon receipt of your contribution.

On behalf of PNAA and PNA MC, we sincerely thank you for supporting our endeavors in advancing the nursing profession. We look forward to seeing you at the 19th PNAA Eastern Region Conference.

For additional information, please contact:

Aleli R. Frias, RN, BSN

friasaleli@yahoo.com /

410-491- 4412 or 410- 343- 2741

1515 Rayville Rd, Parkton, MD 21120

Sincerely Yours,

Emmelene Fernandez MSN, CPAN, CAPA
President, 2017 – 2019
PNA Maryland Chapter, Inc.

Dino Doliente III, MBA, BSN, RN
President, 2016 – 2018
Philippine Nurses Association of America, Inc.



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SPONSORSHIP/ADVERTISER/EXHIBITOR/VENDOR AGREEMENT FORM

Please check below as appropriate and send the completed form with corresponding fees by August 1, 2017. We appreciate your support.

Name of Organization/Company/Agency: _____

Contact Person: _____

Address: _____

Email: _____

I. SPONSORSHIP PACKAGES/LEVELS

*** Select by checking your choice**

Gold Sponsorship (\$3,000)

- Two (2) days of convention table exhibits
- Two (2) convention registrations
- Two (2) Awards/Gala tickets
- Signage display at the entrance of the convention hall
- One full-page ad in souvenir journal
- Company name/logo will be placed in the rolling screen
- Display of company link on PNAA website upon sign up until a week after the convention event
- 10-minute opportunity to speak at lunch/break time

Silver Sponsorship (\$2,000)

- Two (2) days of convention table exhibits
- Two (2) convention registrations
- Two (2) Awards/Gala tickets
- Signage display at the entrance of the convention hall
- One full-page ad in souvenir journal
- Company name/logo will be placed in the rolling screen
- 5-minute opportunity to speak at lunch/break time

Bronze Sponsorship (\$1,000)

- One (1) day of convention table exhibits
- Two (2) convention registrations
- Signage display at the entrance of the convention hall
- One full-page ad in souvenir journal
- Company name/logo will be placed in the rolling screen



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II. EVENT SPONSORSHIP

*** Select by checking your choice**

| | | |
|---|-------|-----------|
| <input type="checkbox"/> Educational Conference Sponsorship | ----- | \$3,000 |
| <input type="checkbox"/> Awards/Gala Night Sponsorship | ----- | \$3,000 |
| <input type="checkbox"/> Leadership Institute Seminar Sponsorship | ----- | \$2,000 |
| <input type="checkbox"/> Networking Night | ----- | \$2,000 |
| <input type="checkbox"/> Tote Bag Sponsor | ----- | \$1,500 |
| <input type="checkbox"/> Badge Holder Sponsor | ----- | \$1,000 |
| <input type="checkbox"/> Photo booth Sponsor | ----- | \$1000.00 |

NOTE: For Event Sponsorship for \$2,000-\$3,000, you will be given a one-page ad; your company name/logo will be placed on the rolling screen; and, you will be allowed a 5-minute opportunity to speak at lunch/break time during the event you are sponsoring. For below \$2000 to \$1000, you will be given two free registration and lunch for your two representatives on education day and your company logo will be placed on the rolling screen including acknowledgement in the souvenir journal.

III. SOUVENIR JOURNAL ADVERTISEMENT PACKAGE

*** Select by checking your choice**

| | | | |
|---|-----------|---|----------|
| <input type="checkbox"/> Outside Back Cover | - \$ 1000 | <input type="checkbox"/> Full-Page, Colored, Inside | - \$ 150 |
| <input type="checkbox"/> Inside Back Cover | - \$ 500 | <input type="checkbox"/> Half-Page, Colored, Inside | - \$ 80 |
| <input type="checkbox"/> Inside Front Cover | - \$ 500 | <input type="checkbox"/> Donor's name only | - \$ 25 |

NOTE: SUBMIT CAMERA Ready lay out/picture electronically using PDF, JPG, or Word format to Aleli R. Frias at friasaleli@yahoo.com.

IV. EXHIBITOR/TABLE VENDOR

*** Select by checking your choice**

☐ 2 Days (\$500) ☐ Per Day (\$300)

NOTE: Exhibitor's fees include skirted table, chairs, acknowledgment in the rolling screen on the day of the event, one free registration and lunch for 2 representatives, acknowledgement in the souvenir journal, and/or acknowledgement in the screen on day of the event.



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V. PAYMENT INFORMATION/AGREEMENT

I agree with the deliverables, as listed on the front page, in regards to Sponsorships, Advertisement, or Vendor/Exhibitor and I agree with the terms and conditions as stipulated above.

Payment Method:

_____ Credit Card: _____ Amex _____ MasterCard _____ Visa

Card Holder's Name: _____ Expiration Date: _____

Credit Card #: _____ CVV Number: _____

Make Check Payable to: PNAMC INC.

Send completed form and check to:

Aleli R. Frias, RN, BSN

friasaleli@yahoo.com /

410-491- 4412 or 410- 343- 2741

1515 Rayville Rd, Parkton, MD 21120

Authorized signature: _____ Date: _____

Print (Name) _____ Position: _____

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 Philippine Nurses Association of America, Inc. reserves the right to cancel this offer at any time; and, to refuse any advertising they deem inappropriate. All submissions are subject to review.

For further information, please contact:

Aleli R. Frias, RN, BSN
Eastern Regional Conference Corporate Sponsorship Chair
friasaleli@yahoo.com: 410-491-4412 or 410-343-2741