Nightingale Awards
for Excellence in Nursing

2008 Regional Sponsorship Form

Organization:_____

Contact Name:_____ Title:_____

Address:_____

City/State/Zip:_____

Contact Phone No:_____ Fax No:_____

Email Address:_____

Signature:_____ Date:_____

Sponsorship Program Selected
(please "x" one and complete information)

Statewide:	___	*Nightingale*	*$10,000*
	___	*Gold*	*$ 5,000*
Regional:	___	Official Sponsor	$ 5,000
	___	Benefactor	$ 2,500
	___	Patron	$ 1,000
	___	Supporter	$ 500
	___	Friend	$ 100
	___	Colleague	$ 50

Please print name clearly for sponsorship acknowledgement as it should appear in publication:

Name:_____

Payment enclosed Check No. _____

Amount $_____

Sponsor Ads
Ad Sizes

Full-page ad (5x8)
1/2 page ad (5 x 4 horizontal)
1/4 page ad (2 ½ x 4 vertical)
1/8 page ad (2 x 2 ½ horizontal)

Please Submit*
Camera-ready ad proportional to size as B&W clear hardcopy or electronic file to mferguson@vnascc.org

Deadline
April 1, 2008

Note
Photos and half-tone images will ***not*** *be accepted for these ads.*

Submit to:
Michelle Ferguson
VNA of South Central Connecticut
One Long Wharf Drive
New Haven, CT 06511
mferguson@vnascc.org
203.777.5521 ext.2125 203.787.5198 *fax*

Program developed by:

Over a Century of Caring
VNA
Visiting Nurse Association of South Central Connecticut, Inc.