

STEP 1 Provide your contact information.

Contact Name: _____ Title: _____
 Company Name: _____
 Mailing Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone: _____ Fax: _____ E-mail: _____

STEP 2 Select your contribution level.

PLATINUM - \$2,500

- Full-page program ad
- (4) dinner tickets
- Either honor a nurse at the event
or sponsor a Nomination category
- Logo displayed at the event
- Verbal recognition from event host

DISTINGUISHED - \$1,500

- Half-page program ad
- (2) dinner tickets
- Honor a nurse at the event
- Logo displayed at the event
- Verbal recognition from event host

CONTRIBUTING - \$1,000

- Quarter-page program ad
- Logo displayed at the event
- Sponsor a Nomination category
- Verbal recognition from event host

SUPPORTING - \$500

- Text recognition in event program
- Verbal recognition from event host

STEP 3 Complete your payment details.

VISA MASTERCARD AMEX CASH CHECK

Cardholder Name: _____ Expiration Date: _____
 Card Number: _____ Verification Code: _____
 Billing Address: _____
 City: _____ State: _____ ZIP Code: _____
 Authorized Signature: _____

SUBMIT YOUR CONTRIBUTION FORM

Please send your completed form via email to Jaypee at Jaypee@nvha.net by March 1, 2017.

PAYMENT INFORMATION

Checks must be made payable to Nevada Health Facilities Education and Research Foundation (NHFERF).

NHFERF Tax ID: 88-0133580

If you need a receipt for your payment, please check this box:

ARTWORK - DUE MARCH 10, 2017

All artwork must be provided in press-ready PDF or EPS format. Placed images should be at least 300 ppi, and all colors should be converted to CMYK. All ads are 4C, and finished sizes are:

Full Page: 5"(w) x 7.5"(h)
 Half Page: 5"(w) x 3.625"(h)
 Quarter Page: 2.375"(w) x 3.625"(h)

Artwork should be emailed to NAME at email address.