American Nurses Association Ohio

CHAMPIONS FOR NURSING PARTNERSHIP PROGRAM

Facilities & Vendors

BENEFITS BY LEVEL

	FRIEND $2,500	SUPPORTER $3,750	PARTNER $5,000	ADVOCATE $7,500	CHAMPION $10,000
ADVERTISING					
Recognition on ANA-Ohio's partners webpage including company logo and a link to website	X	X	X	X	X
Submit an article or banner ad for e-newsletter	1 Per Year	2 Per Year	3 Per Year	4 Per Year	4 Per Year
Recognition as a partner in ANA-Ohio's publication	1 Per Year	1 Per Year	2 Per Year	3 Per Year	4 Per Year
Opportunity to submit an educational article for ANA-Ohio publication		1 Issue	2 Issues	3 Issues	4 Issues
List events on ANA-Ohio's online calendar of events and in e-newsletter	X	X	X	X	X
Email blast to members			1 Per Year	2 Per Year	3 Per Year
Sliding banner ad on ANA-Ohio website home page			1 Month	2 Months	3 Months
Provide information webinar to ANA-Ohio membership				1 Per Year	2 Per Year
ANNUAL CONFERENCE					
Exhibit booth (in-person or virtual)		1 Per Year	1 Per Year	1 Per Year	2 Per Year
Recognition - verbal, signage, website, and break slides	X	X	X	X	X
Advertisement in Mobile Event Platform				1 event	2 events
Conference Exclusive Event sponsorship recognition					X
Complimentary registration to social events at conference		1	1	2	2

American Nurses Association Ohio

CLICK HERE TO APPLY ONLINE

Company: _____ Contact Person: _____

Contact Title: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

Website: _____

BENEFITS BY TIER

☐ Friend	$500
☐ Supporter	$750
☐ Partner	$1,000
☐ Advocate	$1,500
☐ Champion	$2,000

PAYMENT METHOD

(Make all checks payable to Colorado Nurses Association) Total Due / Enclosed: $_____

Credit Card: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card Number: _____ Expiration Date: _____ CVV: _____

Card Holder (name printed on card): _____

Billing Address (if different than above): _____

Signature: _____

Pay Online or Mail to:

American Nurses Association Ohio
2501 Jolly Rd, STE 110
Okemos, MI 48864

AGREEMENT:

Thank you for your consideration and support of the ANA-Ohio Champions for Nursing Partnership Program! The below party hereby wishes to apply for the ANA-Ohio Champions for Nursing Partnership Program and agrees to abide by the rules and regulations as printed and provided by ANA-Ohio. Payment in full is required to reserve Champions for Nursing Partnership Program and are non-refundable.

Name: _____

Signature: _____ Date: _____