Nebraska Nurses Association

Nebraska Nurses Association
2027 NNA Nurses Day at the Legislature
Scottish Rite Masonic Center | Lincoln, Nebraska
February 11, 2027

SPONSORSHIP REGISTRATION

SPONSORSHIP OPTIONS:

Select your sponsorship option and address the applicable questions below. Sponsorship opportunities are limited and offered on a first-come, first-served basis. Some opportunities are not available to companies/ organizations whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Event Sponsor - $2,500 (2 opportunities)	**Exhibitor - $500** (4 opportunities)
• Verbal recognition during the welcome and closing remarks • Dedicated social media recognition on NNA's Facebook and LinkedIn pages • Sponsor spotlight in NNA communications • 1, 6ft tabletop display, chairs & 1 breakfast ticket at the February 11 event • Recognition on a dedicated sponsor slide • Post-event recognition in a thank-you email or social media post	Exhibits are held on February 11, 2027 • 1, 6ft tabletop display & chairs at the event • Breakfast February 11 for 1 representative • Recognition on a dedicated exhibitor slide during event

Sponsorship/Exhibitor fees include ONE 6 ft. tabletop display, chair(s), and ONE breakfast ticket. Additional representatives wishing to participate in the breakfast need to purchase a ticket.

☐ **Event Sponsor** – $2,500.00

☐ **Exhibitor** - $500.00

☐ **Additional Breakfast Ticket** - $25.00

Number needed: _____

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Organization Name: _____

Contact for Registration: _____ Email: _____

Street Address: _____

City/State/Zip: _____ Daytime Phone: _____

Company Web Address: _____

☐ Company Logo Attached – *please email a high resolution, .jpg/.png version of your company logo to the NNA/VTLS office*

Will you be participating in the breakfast on February 11 (*1 ticket included*)? ☐ Yes ☐ No

EXHIBITS

Do you plan to exhibit at the event on February 11? ☐ Yes – *complete additional questions below* ☐ No – *advance to payment section*

Name and Email addresses for Individual(s) Staffing Exhibit Table: _____

_____

List exhibitor(s) you do NOT wish to be setup nearby: _____

PAYMENT:

☐ **Check –** *NNA/VTLS staff will email an invoice to the company contact above for payment*

☐ **Credit Card –** *NNA/VTLS staff will email a secure payment link to the company to make payment online*

Refund/Cancellation Policy: *Sponsorship fees, less a $200.00 enrollment processing fee, may be refunded to sponsors who notify the Nebraska Nurses Association/CTL Solutions office in writing of the cancellation before January 1, 2027. As of January 1, 2027, materials are in production and no refunds will be made. There will be no refunds due to inclement weather.*

Disclaimer: Sponsor registration forms are reviewed by leadership of the Nebraska Nurses Association. If it is determined that a company or individual's product, services or information conflicts with or contradicts the mission, purpose or policies of the association, the registration will be denied, and if applicable, a refund will be issued

RETURN COMPLETED FORM VIA

SCAN & EMAIL – kat@vtls.org | **MAIL –** NNA C/O VTL Solutions, 217 Oscar Drive, Suite C, Jefferson City, MO 65101

REGISTRATION DEADLINE: January 1, 2027