



## SPONSORSHIP REGISTRATION

### PLEASE COMPLETE THE FOLLOWING INFORMATION:

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ 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

### SPONSORSHIP OPTIONS:

Select your sponsorship option and address the applicable questions by level 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. \*These options do not include exhibit space.

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|--|--|
| <input type="checkbox"/> <b>Platinum Convention Partner</b> – \$6,500                            | <input type="checkbox"/> <b>Gold Convention Partner</b> – \$5,000      |
| <input type="checkbox"/> <b>Awards Dinner Sponsor</b> – \$5,000                                  | <input type="checkbox"/> <b>Lunch Sponsor</b> – \$3,500                |
| <input type="checkbox"/> <b>40 Under 40 Breakfast Sponsor*</b> – \$2,500                         | <input type="checkbox"/> <b>Break Sponsor*</b> – \$1,500               |
| <input type="checkbox"/> <b>Keynote Sponsor</b> – \$2,500  | <input type="checkbox"/> <b>General Session Sponsor*</b> – \$1,200     |
| <input type="checkbox"/> <b>Exhibitor:</b> <input type="checkbox"/> \$750.00 Corporate Exhibitor | <input type="checkbox"/> <b>120-Year Celebration Supporter</b> – \$120 |
| <input type="checkbox"/> \$500.00 Nonprofit  |  |

#### Convention Partners, Awards Dinner, Lunch, Keynote and Exhibitor Booth Sponsors:

Do you plan to exhibit at the Annual Convention on October 1?  Yes  No

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

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

Will you be participating in the breakfast and lunch on October 1 (2 tickets included)?  Yes – 2 will be attending  No

Need Additional Luncheon Ticket(s)? – \$25.00/meal      Number needed \_\_\_\_\_

#### Convention Partners & Awards Dinner Sponsors: (see prospectus for number of tickets per level)

Will you be participating in the Awards Dinner on October 1?  Yes  No

Names of individuals attending the Awards Dinner: \_\_\_\_\_

### 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 September 1, 2026. As of September 1, 2026, 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](mailto:kat@vtls.org) | MAIL – NNA C/O VTL Solutions, 217 Oscar Drive, Suite C, Jefferson City, MO 65101

**REGISTRATION DEADLINE: September 1, 2026**