

## **VIRTUAL SPONSORSHIP FORM**

## 2025 NE Nurses Day at the Legislature On-Demand On-Demand site opens February 20, 2025

REGISTER: REGISTRATION DEADLINE: February 1, 2025

Online: www.nebraskanurses.org Fax: 573-636-9576

Mail: Nebraska Nurses Day at the Legislature, C/O Midwest MSD, 3340 American Ave., Suite F, Jefferson City, MO 65109

PLEASE COMPLETE THE FOLLOWING INFORMATION:			
Or	ganization Name:	(Please type or print)	_
Ad	ldress:		
City/State/Zip:			
Co	ntact Person:		
Em	nail:	Daytime Phone:	
Co	mpany Web Addres	ss:	
SPON	ISORSHIP OPTION	s	
In ad	dition to the benefit b	elow, a list of event participants opting in to receiving emails from sponsors will also be provide	d.
	Sponsors pre-record submit to the MSD of	leo/Audio Ad — \$1,000.00 (space is limited; placement provided on a first-come basis) a 3-5-minute video and/or audio advertisement introducing their company to event participants and ffice as an MP4 file, along with a high-resolution company logo. The video/audio file received will be 's logo and posted to the on-demand site home/landing page for learners to access (space is limited	2
	Sponsors create a 29 'SPONSOR' page of t pre-recorded session used when displaying	.00 (placement provided on a first-come basis) 5-pixel (width) x 350-pixel (height) graphic/image advertisement to display at the top of a dedicated he on-demand site, which will be linked to the company website for learners to view as they access to presentations. The company name and web address provided in the registration details above will be a companies on the page.	the
	Video/Audio Ads	with Sponsor Logos & Banner/ Ads due February 1, 2025	
	Sponsor company na Registrants will be er	age Listing — \$200.00 mes displayed in alphabetical order on a dedicated 'SPONSOR' page of the on-demand site. accouraged to visit the page and click on the company names to learn more about each company. The company name and web address provided in the registration details above will be used when son the page.	
PAYN	MENT METHOD —		
	Check (Payable to the	Nebraska Nurses Association, Tax ID# 47-6034912)	
	MASTERCARD	VISA □ AMERICAN EXPRESS □ DISCOVER	
Carc	d#:		
Ехр.	Date:	Security Code (3-4-digit code on back): Billing Zip:	
□ C	heck here if billing inforn	nation below is the same as registrant information above.	
Billir	ng Address:		
Carc	lholder Name:		
Card	lholder Email:		

Refund/Cancellation Policy – Sponsor fees, less a \$100.00 enrollment processing fee, will be refunded to event sponsors who cannot participate and notify the Nebraska Nurses Association/Midwest MSD office in writing of the cancellation before February 1, 2025. No refunds will be made after February 1, 2025.