



North Carolina Nurses Association 2021 NP Series Sponsor Program - Registration

The NP Series Sponsor program is designed to provide companies and organizations exposure and visibility with North Carolina Nurse Practitioners throughout 2021. This sponsorship opportunity is a great way to demonstrate support for the nursing community and actively partner with NCNA and its members. The NP Series consists of four half-day webinar educational programs with evidence-based content on current trends and topics related to NP practice. Additional webinars may be scheduled.

Sponsorship of this program includes:

- Company name, logo, web link of choice, PDF upload, and 50-word company description on NCNA NP Series website page, which will be active throughout 2021 (<https://ncnurses.org/events/np-series/>)
- Company logo in NP Series event email marketing and promotional materials (NP Series will be promoted to NCNA members, which includes over 7,500 RNs and 1,600 APRNs throughout 2021)
- Recognition during welcome remarks and close of virtual programs
- Exposure in post-event e-newsletter to attendees
- List of Program Attendees who choose to share their information with you

NP Series Program Dates:

March 24, 2021 - NP Series: Cardiovascular Updates
June 25, 2021 - NP Series: Oncology Topics
August 2021 - NP Series: Psychiatric/Mental Health Updates
November 2021 - NP Series: Leadership
Additional webinars may be scheduled.

Secure your sponsorship spot and experience opportunities to:

- ✓ Foster positive relationships with new and current customers
- ✓ Increase brand /organization awareness
- ✓ Showcase your products and/or services
- ✓ Build business prospects
- ✓ Enhance your understanding of the nursing profession

NP Series Sponsorship Fee \$1,800

**Availability is limited.
Reserve your sponsorship today!
Questions? Email camillezarzar@ncnurses.org**

Company Name
Important Note: Print clearly or Type.

Contact Name
This contact will be the person that will communicate with NCNA re this program

Address
Street, Box, etc. City

State ZIP Contact Phone Provide daytime phone number.

Contact Email Address

Amount enclosed or amount to be charged: \$

PAYMENT: CHECK
Make checks payable to: North Carolina Nurses Association

Business Personal

PAYMENT: CHARGE

VISA M/C EXP DATE:

Business Card Personal Card

CARD NUMBER:

PRINT NAME AS IT APPEARS ON CARD:

CARDHOLDER'S SIGNATURE:

By completing and submitting this form I understand that the exhibitor fee for this event is non-refundable.

Signature: _____

Date of Signature: _____

RETURN FORM:
By Email: camillezarzar@ncnurses.org | By Fax: 919.829.5807
By Mail: NCNA, 4350 Lassiter at North Hills Ave, Suite 250, Raleigh, NC 27609