

REGISTER:

REGISTRATION DEADLINE: September 1, 2021

Online: www.ksnurses.com **Fax:** 573-636-9576

Mail: KSNA Fall Conference, C/O Midwest MSD, 3340 American Ave., Suite F, Jefferson City, MO 65109

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Organization Name: _____
(Please type or print)

Address: _____

City/State/Zip: _____

Contact Person: _____

Email: _____ Daytime Phone: _____

Company Web Address: _____

SPONSORSHIP OPTIONS

In addition to the benefit below, a list of event participants opting in to receiving emails from sponsors will also be provided.

Pre-Recorded Video/Audio Ad – \$500.00 (space is limited; placement provided on a first-come basis)
Sponsors pre-record a 3-5-minute video and/or audio advertisement introducing their company to event participants and submit to the MSD office as an MP4 file, along with a high-resolution company logo. The video/audio file received will be linked to the sponsor's logo and posted to the on-demand site home/landing page for learners to access (space is limited).

Banner Ad – \$250.00 (placement provided on a first-come basis)
Sponsors create a 295-pixel (width) x 350-pixel (height) graphic/image advertisement to display at the top of a dedicated 'SPONSOR' page of the on-demand site, which will be linked to the company website for learners to view as they access the pre-recorded session presentations. The company name and web address provided in the registration details above will be used when displaying companies on the page.

Video/Audio Ads with Sponsor Logos & Banner/ Ads due September 1, 2021

Virtual Sponsor Page Listing – \$100.00
Sponsor company names displayed in alphabetical order on a dedicated 'SPONSOR' page of the on-demand site. Registrants will be encouraged to visit the page and click on the company names to learn more about each company supporting the event. The company name and web address provided in the registration details above will be used when displaying companies on the page.

PAYMENT METHOD

Check (Payable to the Kansas State Nurses Association, Tax ID# 48-0290653)

MASTERCARD **VISA** **AMERICAN EXPRESS** **DISCOVER**

Card#: _____

Exp. Date: _____ Security Code (3-4-digit code on back): _____ Billing Zip: _____

Check here if billing information below is the same as registrant information above.

Billing Address: _____

Cardholder Name: _____

Cardholder 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 Kansas State Nurses Association/Midwest MSD office in writing of the cancellation before September 3, 2021. No refunds will be made after September 3, 2021.

Questions? Contact the KSNA office – **Voice:** 785.233.8638 • **Email:** sara@midwestnurses.org