

# KMMBNA SCHOLARSHIP GALA

**Saturday, May 20, 2017**

Reception 5:30pm | Dinner 6:30pm | Program starts 7:15pm

Amway Grand Plaza, 187 Monroe Avenue, NW, Grand Rapids, MI 49503

**Instructions: Fill in address info below and select sponsorship level, tickets, patrons, ads.**

### Contact Information

Name: \_\_\_\_\_ Corporation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please select the level of sponsorship below and calculate the total amount due. If you need assistance, call us? The information can assist with planning and processing for 2017

#### Nurse Scholar Sponsor - \$5,000.00 (Table 10)

Table for ten / reserved seating with table recognition  
Business name and logo in program  
Multi-media recognition / and address audience for five minutes - Reception  
Business electronic stroll display at event

#### Education Sponsor - \$3,000.00 (Table 10)

Table for ten / reserved seating with table recognition  
Address audience for two minutes - Reception  
Business name and logo in program  
Business electronic stroll display at event

#### Progressive Sponsor - \$1,000.00 (Table 10)

Table for ten / reserved seating with table recognition  
Business name in program

**Reserve Seating Individual Tickets - \$100.00 each.**

**All Other, Open Seating None Reserved - \$75.00 each.**

**Patron: \$25.00** - Write out full personal or business name  
Name: \_\_\_\_\_

**Logo and Ads- See attachment.**

Number of Tables/Tickets \_\_\_\_\_ X amount for each table \$ \_\_\_\_\_ = Total Due  
TOTAL AMOUNT DUE \$ \_\_\_\_\_  
AMOUNT ENCLOSED \$ \_\_\_\_\_

*Would appreciate payment now or no later than May 11, 2017 (or give notice)  
Please fill in the Reservation Card menu selection sheet and return with payment*

Master Card \_\_\_\_\_ / VISA \_\_\_\_\_  
Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ SEC Code \_\_\_\_\_  
Cardholder Name (Please print) \_\_\_\_\_  
Complete Mailing address if different from above \_\_\_\_\_  
Signature \_\_\_\_\_

**Make payable to KMMNBNA**

MAIL PAYMENT TO:

KMMNBNA GALA 2745 Birchcrest Suite 807 SE Grand Rapids, Michigan 49506

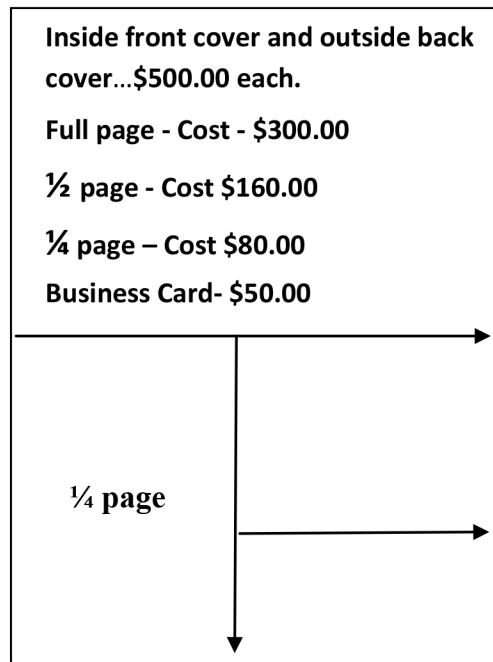
## Souvenir Program Booklet Ad Agreement

Instructions: Fill in address info below and attach your camera ready logo and ad content.

### Contact Information

Name: \_\_\_\_\_ Corporation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Full page = 8 ½ by 11 page (allow for the margins)**  
**Ad should be self-adjusted to fit the space selected below and a camera ready ad.**  
**Design and formatting are extra fee- Call us to discuss.**



---

**Signature:** \_\_\_\_\_  
(sign here if credit card is not used)

Master Card \_\_\_\_\_ / VISA \_\_\_\_\_  
Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ SEC Code \_\_\_\_\_  
Cardholder Name (Please print) \_\_\_\_\_  
Complete Mailing address if different from above \_\_\_\_\_  
Signature \_\_\_\_\_

**Make payable to KMMNBNA**  
MAIL PAYMENT TO:  
KMMNBNA GALA 2745 Birchcrest Suite 807 SE Grand Rapids, Michigan 49506