



From Start-up to Impact: A DNP Conference

Sponsorship Reservation Form

Please return form to: Professional Programs, Fax 443.769.1232 or email learn@jhu.edu
Johns Hopkins University School of Nursing 525 N. Wolfe Street, Baltimore, MD 21205
Make checks payable to: **Johns Hopkins University School of Nursing**

Branding Items and Special Events

- ___ Networking Reception \$5,000
- ___ Continental Breakfast Tues \$1,500 Wed \$1,500 Make selection
- d.) Coffee/Refreshment Breaks \$2,000
- ___ Conference Bags \$3,000
- ___ Name Badge Lanyards \$1,500
- _ Literature Table (free) *provided and shared for fee literature placement*

Conference Program Guide Ads

- ___ Inside Front \$750 ___ Full Page \$600
- ___ Inside Back \$750 _ Half Page \$300
- ___ Back \$850

Total Sponsorship \$ _____

By signing below, the sponsor hereby reserves to sponsor items as indicated above and submit herewith payment in full to secure said sponsorship. The sponsor agrees that all sponsored items will be awarded on a first-come, first-served basis and that full payment MUST accompany all reservations for sponsorships.

Signature of Company Representative _____

Name of Company Representative _____

Company Name _____

Mailing Address _____

City State Zip _____

Telephone _____

Email _____

PAYMENT OPTIONS (please check one): Check enclosed MasterCard Visa Amex

Credit Card # _____ Expiration. Date _____

Name on Credit Card _____

Signature _____