



**2010 Annual Convention: October 3&4
Ramada Inn - Mitchell, SD
"Caring Connections"**

PROGRAM SUPPORT CONTRACT

Contact Person _____ Affiliation _____
Address _____ City _____ State _____ Zip _____
Phone (_____) _____ Fax(_____) _____
E-mail address _____ Web Address _____

INDICATE LEVEL OF SUPPORT

- _____ **Refreshment Break (\$600)**
- _____ **Refreshment Break (\$600)**
- _____ **Breakfast (\$900)**
- _____ **Awards Banquet (\$2000)**
- _____ **Lunch (\$1500)**

Your company will be recognized for its support in the program materials and at the supported event. Confirmation of support will be sent when payment is received. Please return the signed contract by **July 1, 2010** so that we may list support in our Convention Registration brochure which will be mailed in August. If payment is not returned with the contract, we ask that monies be received no later than Sept.15, 2010. Payment should be made payable to South Dakota Nurses Association.

Authorized Signature

Date

<p>TOTAL AMOUNT \$ _____ Please make check payable to South Dakota Nurses Association SDNA tax ID: 46-0229846</p>
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RETURN YOUR SIGNED CONTRACT AND FEE TO:
SDNA PO Box 1015 Pierre, SD 57501
Phone: 605.945.4265 Fax: 1.888.425.3032 Email: sdnurse@midco.net