

**THE NIGERIAN AMERICAN
NURSE ANESTHETISTS
ASSOCIATION**



**SPONSORSHIP
PROPOSAL**

2023 ANNUAL GALA

**OCT 14
2023**

HOUSTON, TX



WELCOME!

The Nigerian American Nurse Anesthetists Association (NANA A) is a non-profit organization established in 2019. Our vision is to support, promote, and engage the practice of Nurse Anesthesiology, in the Nigerian community in the USA and beyond.

The NANA A mission creates a professional platform for Certified Registered Nurse Anesthetists (CRNAs), students, aspiring CRNAs, and other healthcare professionals to network, mentor, and give back to the community through local volunteer work and medical missions around the globe.

Dr. Bimpe "Bebe" Adenusi
Ph.D., APRN, CRNA, CNE

NANA A Founder

INVITATION TO PARTNER

The Nigerian American Nurse Anesthetists Association (NANAA) invites you to participate in our 2nd Annual Gala scheduled for Oct 14, at the Hilton Garden Inn, Sugar Land, TX.

This is a clarion call to invite you to join our family as a partner, and support us in our vision and mission. To date, we have pioneered multiple community outreach programs, collaborated with various organizations, supported aspiring CRNAs successfully through their journey, and conducted medical missions to Nigeria, Kenya, and Liberia. Please review the exhibitor and sponsorship opportunities below.

With your support, we can do more!

BREAKING HEALTHCARE BARRIERS THROUGH...

Togetherness

Excellence

Action

Mentorship

Service

SPONSORSHIP LEVELS

	PLATINUM	GOLD	SILVER	BRONZE
	\$10000	\$5000	\$2000	\$1000
Name Recognition for sponsorship level	✓	✓	✓	✓
Tickets to NANAA Gala	✓ (10)	✓ (5)	✓ (4)	✓ (2)
Business LOGO on NANAA Gala Banner	✓ (XL)	✓ (L)	✓ (M)	✓ (S)
Ad Display in NANAA Brochure	✓ (2 full pages)	✓ (1 full page)	✓ (1/2 page)	✓ (1/4 page)
NANAA goodies	✓	✓	✓	
Vendor Display	✓	✓		
Professional advertisement on NANAA Website & Social Media Platforms	✓	✓		
Special Recognition during NANAA gala	✓ (10 min speech)	✓ (5 min speech)		
Dedicated html e-blast post Gala	✓			

Our gratitude to to our past sponsors:

Companies: Dolce Health Care Services, Medlink Health, PAC, Lafia Halthcare

Individuals: The Ezeifes, The Oshakuades, The Umewenis.



EXHIBITOR & SPONSOR AGREEMENT

Company: _____
(please print company name as it is to appear on publication)

Contact Person & Title: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Website: _____

Information for (2) onsite representatives

Name & Title (1st Rep): _____

Name (2nd Rep): _____

Sponsorship

- Platinum \$10,000
 Gold \$5000
 Silver \$2000
 Bronze \$1000
 Vendor Only \$2000

Payment Information:

Total: \$ _____

Method: Visa Mastercard Discover AMEX Check

Cashapp: \$NANAAAnesthesia

Make checks payable to: P.O Box 1273 Brookhaven, PA 19015

Card Number: _____ EXP _____

Name on Card _____

A 50% deposit is due upon receipt of this agreement. Balance is due 30 days before Gala. In the event that either party wishes to cancel or terminate the sponsorship agreement, the following conditions shall apply: The party seeking to cancel the sponsorship must provide written notice to NANAA stating the intent to cancel and the reasons for cancellation. Cancellation within 30-60 days of gala will result in forfeit of the 50% deposit. Entire fee will be forfeited if cancellation is 29 days or less from event date. This cancellation policy is subject to the terms and conditions outlined in the sponsorship agreement.

Waiver of Liability: I hereby agree to release; waive; covenant not to sue; and assume all risk of transportation, attendance, or participation in any or all activities of the Event. This agreement is specifically intended to operate as a waiver of liability to the fullest extent allowed by law. I hereby acknowledge that I have read and agree to be bound by the terms of this Release.

I consent to NANAA using any photos, other images taken of me, and any results of related activities that occurred during the gala for media outreach efforts, promotional campaigns, various publications/communications, or other business purposes as determined by NANAA

Authorized Signature _____ Date _____

CONTACT US

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 [naija_anesthesia](https://www.instagram.com/naija_anesthesia)

THANK YOU
FOR
YOUR SUPPORT!