



NSRH 6TH ANNUAL

NURSES AT THE FOREFRONT OF CHANGE

ACTIVIST CONFERENCE 2018

6th Annual Activist Conference October 26-28, 2018 Atlanta, GA

Sponsorship Levels:

Purple: \$1,000

- Full-page ad in program
- Social media recognition leading up to the event
- Opportunity to include promotional items in participant tote bag
- Two complimentary registrations
- Exhibitor space at the meeting (limited space, first come basis)

Blue: \$500

- Half-page ad in program
- Social media recognition leading up to the event
- One complimentary registration
- Exhibitor space at the meeting (limited space, first come basis)

Red: \$250

- Quarter-page ad in program
- Social media recognition leading up to the event
- Exhibitor space at the meeting (limited space, first come basis)

Exhibitor Only:

\$100

- Exhibitor space at the meeting (limited space, first come basis)
- Organization name listed in program

The conference will provide a critical space for students, nurses and midwives to learn more about sexual and reproductive health, explore reproductive rights and justice issues, obtain clinical skills, and acquire tools for advocacy work. Clinicians will offer hands-on training in medication abortion and manual vacuum uterine aspiration. Sessions on patient counseling and providing healthcare to trans patients will be occurring throughout the weekend. The conference will provide educational resources and interactive exercises, so participants leave with skills they can utilize in the clinical setting, along with a national network of support.



NSRH 6TH ANNUAL

**NURSES AT THE
FOREFRONT OF CHANGE**
ACTIVIST CONFERENCE 2018

6th Annual Activist Conference
October 26-28, 2018
Atlanta, GA

Count us in!

We want to sponsor and/or exhibit at the 6th Annual NSRH Activist Conference.

Sponsorship Level:

- Purple (\$1,000)
- Blue (\$500)
- Red (\$250)

- Exhibitor Only (\$100)

- Additional Donation / Donation Only of \$_____

Organization Name: _____

Contact Person: _____

Do you plan to exhibit at the meeting? _____

Mailing Address: _____

Contact Phone: _____

Contact Email: _____

Please make check payable to NSRH and email completed form to info@nsrh.org. If you would like an invoice from NSRH, please note that in your email.

Please mail payments to the following address:

Nurses for SRH
PO Box 14209
St Paul, MN 55114

Thanks!