

Sponsorship Application

Company Name _____
Contact Person _____ Title _____
Company Address Suite/Floor _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-mail _____

Sponsorship Level (check one)

- Tote Bag Sponsorship (Multiple Available)
- ~~Continental Breakfast, April 22~~ - **SOLD**
- Continental Breakfast, April 23
- A.M. Break, April 22
- A.M. Break, April 23
- P.M. Break, April 22
- P.M. Break, April 23
- Boxed Luncheon, April 23
- Seated Luncheon April 22
- Poster Presentation Reception, April 21

Company name as it should appear in program: _____

Method of Payment (check one)

- I am enclosing my check, made payable to *New York University*.
- Please charge my credit card:

___ MasterCard ___ Visa ___ American Express ___ Discover

Name (as it appears on card) _____
Card # _____ Expiration Date _____
Signature _____ Date _____

Mail or fax this form to:

NICHE Program, New York University College of Nursing
726 Broadway, 10th Floor
New York, NY 10003
Phone: 212-998-5383; Fax: 212-995-4770
Web site: www.nicheprogram.org