



Post Office Box 13351- Savannah, GA 31416 -www.savbna.org – savbnurse@yahoo.com

Savannah Chapter, National Black Nurses Association

October 2016

The Savannah Black Nurses Association invites you to join us as we celebrate 30 years of providing, health education, health screenings and other community service activities in Savannah and surrounding areas. In our efforts to continue these services, we need your presence and support at our 30th Anniversary Celebration and Scholarship Award Gala, Saturday, February 11, 2017. This event will be held at the Savannah Riverfront Marriott. Tickets are \$65.00. Our special guest speaker will be Dr. Eric J. Williams, President, National Black Nurses Association. All funds raised from this event will provide support in helping us continue our health education and outreach services in addition to our annual nursing scholarship awards.

Attached is a form with information on ticket purchases. Please make all checks payable to the Savannah Black Nurses Association.

Thank you in advance for your positive response to this request. For additional information contact any SBNA member **or** contact me at 912-658-1398 or checap@coastalnow.net.

Sincerely,

Cheryl W. Capers, BSN, MPA, RN

President

Yvonne Bradshaw, RN

Program Chair



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Ticket/AD Purchase Form

ALL PAYMENTS MUST BE RECEIVED BY January 15. 2017

Make Checks payable to:

Savannah Black Nurses Association

Post Office Box 13351

Savannah, GA 31416

| Description | Price | Quantity | Amount Paid |
|--------------------------------|--------------|-----------------|--------------------|
| Tickets | \$65.00 | | |
| Table of 10 | \$650.00 | | |
| Front inside Cover | \$200.00 | | |
| Back inside Cover | \$200.00 | | |
| Back outside Cover | \$300.00 | | |
| Full Page AD | \$100.00 | | |
| Half Page AD | \$50.00 | | |
| Fourth Page AD | \$25.00 | | |
| Business Card AD | \$15.00 | | |
| Total(s) and Amount Due | | | |

Name: _____

Address: _____

City/State/Zip Code: _____

CONTACT PERSON: _____

Telephone: _____ Email: _____

Please duplicate form as needed. Thank you.