



AMERICAN NURSES ASSOCIATION

MICHIGAN

**CHAMPIONS FOR NURSING
PARTNERSHIP PROGRAM**



ANA-Michigan invites individuals and organizations to take part in the Champions for Nursing Partnership Program (CNPP). The CNPP benefits are designed to provide a mutually valuable and long-term partnership between ANA-MI and the supporter. CNPP offers multiple levels to allow for different tiers of engagement.

BENEFITS OF CNPP

- Complimentary subscription to ANA-Michigan's weekly e-newsletter
- Complimentary subscription to ANA-Michigan's quarterly publication, The Future of Nursing
- Discounted ANA-Michigan member rates
- Priority consideration for other ANA-Michigan sponsorship opportunities

By becoming a part of the CNPP, members of the ANA-Michigan will receive enhanced, diverse and more inclusive resources that support our mission, vision and strategic plan.

Mission: Advancing the nursing profession in Michigan.

Vision: ANA-Michigan is a vital community of professional nurses in Michigan. Together, we are the experts in nursing practice. Our strength is our solution-focused thought leadership, our long-term view of the nursing profession in a dynamic healthcare environment, and our impact on quality care and patient safety.

CNPP LEVELS

Marketing and promotion of CNPP partners can begin immediately after payment. The payment and agreement are based on one year from the day the partner is approved.

- Individual Ally - \$250+
- Bronze - \$500
- Silver - \$1,000

BENEFITS BY LEVEL

	INDIVIDUAL ALLY \$250+	BRONZE \$500	SILVER \$1,000	GOLD \$2,000
ADVERTISING				
Recognition on ANA-Michigan's partner webpage including logo and link to your website	X	X	X	X
Recognition as a new partner in ANA-Michigan weekly e-newsletter	X	X	X	X
Recognition as a champion in ANA-Michigan publication	X	X	X	X
Ability to submit an article or banner ad for weekly e-newsletter			2 PER YEAR	4 PER YEAR
Ability to submit an article for ANA-Michigan publication		1 PER YEAR	2 PER YEAR	4 PER YEAR
Ability to list events on ANA-Michigan's calendar of events			X	X
Opportunity to send an email blast to membership		1 PER YEAR	2 PER YEAR	4 PER YEAR
Sliding banner ad on ANA-Michigan website home page			3 MONTHS	6 MONTHS
Ability to post on ANA-Michigan social media channels		2 PER YEAR	6 PER YEAR	12 PER YEAR
Provide informational webinar to ANA-Michigan membership			1 PER YEAR	1 PER YEAR
List of active ANA-Michigan members				ANNUALLY
EXCLUSIVE FACE TIME WITH ANA-MICHIGAN LEADERSHIP				
Opportunity to present to ANA-Michigan Board of Directors				1 PER YEAR
ANNUAL CONFERENCE				
Recognition during event: verbal, signage, website and break slides	X	X	X	X
Recognition on event app as a partner	LOGO	LOGO	LOGO	LOGO
Exhibit Booth			1 PER YEAR	1 PER YEAR
Advertisement in on-site conference program			1/2 PAGE	FULL PAGE
Priority selection of Annual Conference sponsorship opportunities		X	X	X
Complimentary registration to social events at Annual Conference	X	X	X	X

CLICK HERE TO APPLY ONLINE

Company: _____ Contact Person: _____

Contact Title: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

Website: _____

BENEFITS BY TIER

- Individual Ally \$250+
- Bronze \$500
- Silver \$1,000
- Gold \$2,000

PAYMENT METHOD

(Make all checks payable to ANA-Michigan) Total Due / Enclosed: \$ _____

Credit Card: Visa MasterCard Discover American Express

Card Number: _____ Expiration Date: _____ CVV: _____

Card Holder (name printed on card): _____

Billing Address (if different than above): _____

Signature: _____

Pay Online or Mail to:
ANA-Michigan
2501 Jolly Road, Suite 110
Okemos, MI 48864
Phone: 517.325.5306
www.ana-michigan.org

AGREEMENT:

Thank you for your consideration and support of the ANA-Michigan Champions for Nursing Partnership Program! The below party hereby wishes to apply for the ANA-Michigan Champions for Nursing Partnership Program and agrees to abide by the rules and regulations as printed and provided by ANA-Michigan. Payment in full is required to reserve Champions for Nursing Partnership Program and are non-refundable.

Name: _____

Signature: _____ Date: _____