



Through A Nurse's Eyes

15th Anniversary Celebration

When

Thursday, November 2, 2017
6:00 – 9:30 pm

Where

Doubletree by Hilton Portland
1000 NE Multnomah St, Portland, OR 97232

OCN Mission

Facilitate research and collaboration for Oregon's nursing workforce to support informed, well-prepared, diverse and exceptional nursing professionals.

For more information, contact:



5000 N Willamette Boulevard, MSC 192
Portland, OR 97203
503-342-4048
ilic@up.edu

Through A Nurse's Eyes

Oregon Center for Nursing
15th Anniversary Celebration

2017 Giving Levels Descriptions and Benefits

Oregon Center for Nursing Sponsor - \$10,000

- Company logo or individual's name appears on OCN homepage through 6/30/2018
- Company logo or individual's name appears in OCN newsletters through 6/30/2018
- Company logo or individual's name appears on front page of the event program
- Premier guaranteed seating for ten individuals at the anniversary celebration
- Introduced and recognized at the event

Benefactor of Nursing -- \$7,500

- Company logo or individual's name appears on OCN website 1/31/2018
- Company logo or individual's name appears in OCN newsletters through 1/31/2018
- Company logo or individual's name appears in the event program
- Premier guaranteed seating for eight individuals at the anniversary celebration
- Introduced and recognized at the event

Leader of Nursing -- \$5,000

- Company logo or individual's name appears on OCN website through 12/31/2017
- Company logo or individual's name appears in the event program
- Seating for two individuals at the anniversary celebration
- Introduced and recognized at the event

Friend of Nursing -- \$2,500

- Company logo or individual's name appears on OCN website through 11/30/2017
- Company logo or individual's name appears in the event program
- Seating for one individual at the anniversary celebration
- Introduced and recognized at the event

**Interested in a giving benefit not listed above?
Please contact the Oregon Center for Nursing with questions and requests.
ilic@up.edu**



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GIVING COMMITMENT:

Company Name:	
Company Representative:	
Address:	
City, State, Zip Code:	
Phone Number:	
E-mail Address:	

My company is interested in being a(n):

<input type="checkbox"/>	Oregon Center for Nursing Sponsor	\$10,000
<input type="checkbox"/>	Benefactor of Nursing	\$7,500
<input type="checkbox"/>	Leader of Nursing	\$5,000
<input type="checkbox"/>	Friend of Nursing	\$2,500

Signature

Date

PAYMENT INFORMATION:

<input type="checkbox"/> Check or money order is enclosed.					
<input type="checkbox"/> Please charge my credit card: <input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> Master Card					
Card Number:					
Expiration Date:		CID Code:		Billing Zip:	
Card Holder's Signature:					

Thank you for your support!