

2020 SOUTHEASTERN COLORADO NIGHTINGALE TICKET SALES

Date _____

Corporate Sponsorship Organization _____

Sponsorship Levels:

Gold **\$1,000 -10 Tickets;** Silver **\$800-10 Tickets;** Bronze **\$600-8 Tickets;**

Will you have the nominee(s) from your facility at your table? Yes No --If yes, Nominee(s) name (s)

Name _____

Mailing Address _____ Zip Code _____

Phone _____ Email _____

Number of tickets _____ Amount due _____ **\$50 through March 17th; \$60 March 18th-23rd**

Payment method: Cash Check Credit Card Invoice Me

Name on credit card _____ Visa MasterCard Discover Card

Card Number _____ Exp.Date _____ Security Code _____

(If a check is being mailed, we will send the tickets once check is received)

List names for all tickets and seating accommodations, if any, below

Special seating accommodations _____

Are you a nominee or supporting a nominee? Yes Name _____ No

(While we cannot guarantee you will sit at the same table as the nominee, we will make every effort to seat you near the nominee)

Date Payment Processed _____ Credit Card Approval _____

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Ticket Numbers _____ Date mailed _____

Will Call ticket

CORPORATE SPONSORS/PURCHASED TABLES
2020 Southeastern Colorado Regional Nightingale Nurse Recognition Event
March 27, 2020
CSU-P Occhiato Student Center Ballroom

5:30 p.m. Cash Bar & Silent Auction
6:30 p.m. Buffet Dinner

Ticket Number	Name of Attendee

Please note if any special seating accommodations are required

Please return or email information by March 23, 2020

503 N. Main, Suite 221, Pueblo, CO 81003
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admin@secahec.org