



2009 Nursing Showcase Reservation Form

Yes, we will participate in showcase:

Contact Name _____

Address _____

Business _____

Phone _____

E-Mail _____

Participation Package: VIP _____ Exclusive _____ Premier _____

Packages Purchased _____

Our Spirit Winner/s:

1. Name: _____
Organization _____

2. Name (VIP only): _____
Organization _____

Spirit winner names and jpeg photos must be emailed to cherwilliams@knology.net and ads@augustafamily.com by **March 19, 2009**. Please identify photos

#Additional Table reservations (10 seats/\$325.00) _____
(Must accompany Package Participation)

#Individual Tickets (\$35.00 each) _____

Amount enclosed _____
(Make check payable to CSRA Chapter GNA)

Mail to: Cheryl R. Williams, P.O. Box 1936, Evans, Ga. 30809

Reservations due and payable March 19, 2009