



SPONSOR COMMITMENT FORM

New Mexico Nursing Excellence Awards

The New Mexico Center for Nursing Excellence gratefully acknowledges your support and sponsorship of the New Mexico Nursing Excellence Awards recognition and appreciation event. Net proceeds will benefit the New Mexico Center for Nursing Excellence as it continues to advance and engage the nursing community to promote excellence and improve the health of all New Mexicans.

Sponsoring Organization: _____

Address: _____

City/State/Zip: _____

Point of contact: _____

Contact phone: _____ Contact email: _____

Commitment Level: _____

Amount: \$ _____
(If sponsoring something specific, please identify.)

Reserved Seating: Also reserve the following for our organization:

_____ Sandia Table at \$1,750/table (reserved table for 10 with premiere location, wine with dinner, **limit one**)

_____ Individual tickets at \$125 each

Payment Method: _____ Bill me. _____ Check enclosed (payable to NMCNE)

Credit Card: Visa MasterCard Card Number _____

Expiration Date _____ CVN# (3 digit code on back of card) _____

Name as it appears on card _____

Signature _____ Date _____

Commitment form can be mailed or emailed as follows:

New Mexico Center for Nursing Excellence

500 Marquette Ave NW Ste 280

Albuquerque, NM 87102

Tel: (505) 565-5811 | Email: nina@nmcne.org