



2024 Sponsor Registration

CONTACT INFORMATION

Company Name *

Contact Name *

First

Last

Email *

Address *

Street Address

Address Line 2

City

State / Province / Region

ZIP / Postal Code

Country

SPONSORSHIP PACKAGES

Product Name *

- Bronze: \$2,000
- Silver: \$2,500
- Gold: \$3,200
- Platinum: \$4,000

Please make check payable to Illinois Association of School Nurses and send to the address below:

Illinois Association of School Nurses
P.O. Box 656
Manteno, IL 60950

