



National Association of Hispanic Nurses Los Angeles Chapter

October 29, 2010
Annual Scholarship Awards Dinner/Dance

Name _____

Company _____

Address _____

City/State _____ Zip _____

Telephone _____ Ext. _____

Fax _____ E-mail _____

Title _____ Date _____

PLEASE MAKE CHECK PAYABLE TO:

Mail to: **N.A.H.N. L.A. CHAPTER
P.O. BOX 91714
City Of Industry, CA 91715-1714**

***BUSINESS SPONSOR:** Please check one box

- \$ 10,000.00 PLATINUM SPONSOR
- \$ 5,000.00 GOLD SPONSOR
- \$ 4,000.00 SILVER SPONSOR
- \$ 3,000.00 BRONZE SPONSOR

***INDIVIDUAL SPONSOR:**

- \$ 2,000.00 PRESIDENT'S CIRCLE
- \$ 500.00 DISTINGUISHED GUEST
- \$ (_____) OTHER

RSVP by October 16, 2010, to fax# (909) 463-2669 or if you have any questions, please contact Katherine B. Lopez at 626. 272-0582 or e mail kathybee13@hotmail.com.

* 501-C available upon request