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10th Anniversary Celebration

Enclosed is \$ _____ for attendance to the National of Hispanic Nurses- NJ Chapter Scholarship Gala.

Please indicate number of ticket(s) and/or table(s):

- _____ \$100 for Members/Non-licensed students/Affiliates
- _____ \$120 for Non-members
- _____ \$900 Table of 8

(Contact) Name:
Facility/School/Company (if applicable):
Street Address:
City/ State/ Zip:
Email and Phone Number:

Reserved seating is available for a table of eight (8).

Please list name of attendees. (Names can be sent 1 week prior to gala)

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

I am not able to attend, but I would like to make a donation \$ _____.

Checks payable to:

National Association of Hispanic Nurses – NJ Chapter
 PO Box 7409
 North Bergen, NJ 07047
 Phone# 609.491.3381
 njnahn@gmail.com