

2016 UPNAAI YEARBOOK ADVERTISING CONTRACT

38th ANNUAL CONVENTION

Hyatt Regency of Orange County, 11999 Harbor Blvd., Garden Grove, CA 92840
 (714) 750-1234
 July 28 & 29, 2017

You are authorized to insert a _____ page advertisement in the UPNAAI Yearbook to be published by UPNAAI for which the undersigned agrees to pay the sum of \$_____ and UPNAAI hereby agrees to insert paid advertisement for the agreed sum. Please e-mail your camera-ready ads to fulrose@cox.net c/o Lyvia Villegas with a back-up copy to abrenica@mac.com c/o Merly Abrenica. Advertisers who are unable to attend the reunion and would like their Yearbook (YB) copy mailed to them, please e-mail Merly Abrenica and send the mailing fee of \$6.00 per YB (U.S. mailing). The YB cost shall be announced via UPNAAI website at www.upnaai.org by June 2017.

Yearbook Ad Submission Deadline: June 1, 2017

Advertising Rates

Outside Back Cover -----	\$ 400.00
Inside Front/ Back Cover -----	\$ 300.00
Full page - Business -----	\$ 150.00
Half page - Business -----	\$ 100.00
Patron (name listing) -----	\$ 25.00
All Alumni: Full page -----	\$ 100.00
Half page -----	\$ 75.00
*Shared full page -	\$ 50.00

*Recruit your twin half (\$50.00 each) to make a full page

Firm Name or Alumna/ Alumnus

Authorized Signature

Business or Home Address

Email Address and Telephone Number

Please make check/ money order payable to: UPNAAI
Send payment to: UPNAAI c/o Merly Abrenica
7450 Vantage Avenue, North Hollywood, CA 91605
Tel # (818) 384-5064

PAYMENTS MUST ACCOMPANY THIS CONTRACT

FOR OFFICE USE ONLY

SPACE _____ SOLICITOR _____

Amount: _____ Date received: _____

ADVERTISING CONTRACT RECEIPT

RECEIVED FROM _____

SUM OF \$ _____ FOR _____ PAGE AD IN SOUVENIR PROGRAM

DATE _____ TREASURER'S SIGNATURE _____

2017 UP NURSING ALUMNI INFORMATION FORM
(For completion by alumni only)

First Name _____ Maiden Name _____ Married Name _____

Degree _____ Class Year _____ Spouse's Name _____

Other Degrees _____ Institution _____ Year obtained _____

Home Address: _____

Mailing Address if different from above: _____

Home phone number: _____ Mobile phone number: _____

Preferred E-mail address: _____

I am an UPNAAI Member (Please check): Life Member _____ Annual _____ Associate _____

If not a member, interested in becoming an UPNAAI Member? YES _____ NO _____

YOU MAY DOWNLOAD THE UPNAAI MEMBERSHIP FORM FROM THE WEBSITE
WWW.UPNAAI.ORG

If necessary, you may attach additional sheet/s of paper for the following information:

Present position/hospital/institution:

Past positions/hospital/institutions the past 5 years:

Professional and socio-civic involvements:

Outstanding achievements/awards the past 5 years: