



**AANA
FOUNDATION**

NASHVILLE NIGHTS CRNAS IN HARMONY

PERFORMANCES FROM SJ MCDONALD & CRNAS SINGING LIVE BAND KARAOKE

**Hard Rock
Nashville,
TN**

**AUGUST
10TH
7-11 PM
COUNTRY
ATTIRE**

PURCHASE TICKETS IN ADVANCE AT 2025 ANNUAL CONGRESS REGISTRATION



AANA 2025 Annual Congress Foundation Fundraiser Nashville Nights: CRNAs in Harmony Sponsorship Guide

AANA Foundation is planning another great fundraising event to be held at the 2025 AANA Annual Congress in Nashville, Tennessee. **Please support this event and help make our fundraiser a great success!**

\$10,000 – Gold Sponsor

- Tickets for eight event attendees
- Exclusive table signage
- Event Recognition
- Name in the Recognition Booklet and on the AANAF website

\$5,000 – Diamond Sponsor

- Tickets for six event attendees
- Exclusive table signage
- Event Recognition
- Name in the Recognition Booklet and on the AANAF website

\$2,500 – Ruby Sponsor

- Tickets for four event attendees
- Event Recognition
- Name in the Recognition Booklet and on the AANAF website

\$1,000 – Emerald Sponsor

- Tickets for two event attendees
- Event recognition
- Name in the Recognition Booklet and on the AANAF website

\$_____ – General Donation

- Donations of any size are always appreciated. Gifts of \$100+ will be recognized in the AANA Foundation Annual Report and included on the AANA Foundation website.

Volunteer Opportunities

- We are looking for volunteers. If you are interested in volunteering at the event, please indicate on the Sponsorship Form.

***To sponsor, donate or volunteer, please complete and return the attached response form.
For additional information, contact Luanne Irvin at (847) 655-1173 or email lirvin@aana.com***



**AANA Foundation Member/State Association Sponsorship Form
Nashville Nights: CRNAs in Harmony**

Sponsor

I/We would like to participate in the following manner:

- _____ \$10,000 - Gold Sponsor (includes eight event tickets)
- _____ \$5,000 - Diamond Sponsor (includes six event tickets)
- _____ \$2,500 - Ruby Sponsor (includes four event tickets)
- _____ \$1,000 - Emerald Sponsor (includes two event tickets)

_____ I/we would like to donate \$_____ to support the event.

Volunteer

_____ I/we would like to volunteer at the event.

Names of Volunteers:

Contact Information

Contact Name: _____

State Association: _____

Address: _____

City, State, Zip: _____

Contact Phone: _____

Email: _____

Payment Information

_____ Invoice the above address.

_____ Check enclosed in the amount of \$_____. (Please make payable to *AANA Foundation* and mail to American Assn of Nurse Anesthetists Foundation, PO BOX #8225 Carol Stream IL 60197-8222)

_____ Credit Card - to make a secure online donation, visit www.aanafoundation.com and "designate" *Event Sponsorship*

Please return this form along with your donation to:

Luanne Irvin, Director of Development
AANA Foundation, 10275 W. Higgins Road, Suite 500, Rosemont, IL 60018
For additional information, please call (847) 655-1173 or email lirvin@aana.com.
Thank you for supporting the AANA Foundation!