

SNRS 3rd Annual Silent Auction Donation Form – 2009
PLEASE FAX COMPLETED FORM TO: (303) 422-8894

USE ONE FORM FOR EACH ITEM DONATED

Office Use only:

Item number: _____

CONTACT INFORMATION (Please print or type)

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

Web site: _____

DONATED ITEM (Please print or type)

Name of Item Donated: _____

Manufacturer: _____ Model #: _____ Cost or Value: _____

(\$50 or higher)

*Complete Description of Item: _____

***If your item contains multiple services or products please detail in description.**

SERVICE OR GIFT CERTIFICATE INFORMATION REQUIREMENTS

If you are donating a gift certificate for a service, please include the following information in the certificate or letter.

- Name of product or service
- Description of what is included and what is excluded
- Name of person to contact for further information
- Name, address and full contact information of your company
- Instructions on how to redeem item
- Include any additional information such as a photo or description brochure as appropriate
- Date of expiration

SHIPPING OPTIONS: (Check one)

- I, or a representative of my company, will bring the above listed item(s) to the Annual Conference and turn in at registration. I will receive a written confirmation including details of when and where to turn in items at a later date.
- Our company will ship the above item(s) to: Delfie Castro, Southern Nursing Research Society, 10200 West 44th Ave, Suite 304, Wheat Ridge, CO 80033-2840 to arrive by **January 23, 2009**.

***If after January 23, 2009, you must call Delfie Castro at (303) 327-7548 to make special arrangements to ship to the meeting site or hand carry the item(s) to the Annual Conference.**