The Gerontological Advanced Practice Nurses Association (GAPNA) extends a cordial invitation for your educational institution to join as an Educational Partner in 2024. The current year extends from January 1 – December 31, 2024.

GAPNA is the premiere organization for all advanced practice nurses who work with older adults. Our APRNs are active in a variety of settings across the continuum including primary, acute, post-acute and long-term care. GAPNA is the trusted leader for advanced practice nurses seeking continuing education in gerontological care.

GAPNA houses a robust Education Committee, along with 8 other active Committees and 6 Special Interest Groups (SIGs).

GAPNA’s Mission: Promoting excellence in advanced practice nursing for the well-being of older adults

We are excited about GAPNA’s progress over the past year. Some of the projects and programs recently completed or in development, include:

**Educational Conferences**

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<tr>
<th>2024 Pharmacology Conference</th>
<th>2024 Annual Conference</th>
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<tr>
<td>To be held in Chicago, Illinois</td>
<td>To be held in San Antonio, Texas</td>
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Annual Conference features Student Poster category

**Publications:**

- A Practical Guide for the Gerontological Specialist
- APRN Gerontological Specialist Study Guide, 2nd Edition
- Geriatric Nursing: As the official publication of GAPNA, the journal’s peer-reviewed articles report the latest developments in the management of acute and chronic disorders.
- GAPNA Newsletter: Electronic newsletter published quarterly highlighting leadership, conference updates, and clinical best practices across the healthcare continuum, including post-acute, long-term care, home care, and acute care.

**Toolkits:**

- GAPNA Gerontological Resources for APRN Preceptors and Students, 8th Edition
  - Developed by the GAPNA Education Committee
- Gerontological Resources for APRNs in Acute and Emergent Care Settings, 2nd Edition

**GAPNA E-Alert:** Monthly electronic updates to keep members informed of educational opportunities, advocacy issues, as well as leadership and networking opportunities.
Educational Partnership, available at two levels, entitles the member institution to a variety of valuable benefits and special recognition. Benefits of Educational Partnership include:

Both the Associate and Premier levels entitle your institution to the following benefits and recognition:

### Premier Partner - $3,750 per year

- (1) Full Memberships which include a subscription to *Geriatric Nursing*, GAPNA’s official journal available to all GAPNA members
- (5) Codes for student memberships.
- (1) Banner with hyperlink placed in 3 issues of GAPNA’s eAlert sent out to all GAPNA members
- Institution logo listing on www.gapna.org
- Special recognition in each issue of quarterly GAPNA Newsletter
- Special recognition of your institution at the Annual Conference
  - Promotional piece included in attendee registration packets
  - Institution logo slide shown at the opening President’s Welcome & Keynote session
  - Listing of Educational Partners on a sign at both conferences
  - Educational Partner ribbons provided to all representatives onsite

### Distinguished Partner - $6,500 per year

(Will receive all of the above, plus the additional benefits)

- Customizable gero-focused courses through GAPNA’s Online Library built to fit the educational needs of your institution.
- (1) Exhibit booth at the Annual Conference with educational partner sign display
- Priority placement in the assignment of exhibit space at the Annual Conference
- Complimentary advertisement in the Annual Conference program book
- (1) Attendee Registration to the Annual Conference
- (1) Banner ad with hyperlink placed on the GAPNA website for 3 months
- One-time use of the GAPNA Annual Conference pre-registration list upon GAPNA approval (email addresses not included)

Sincerely,

Michael V. Brennan, CMP, CAE
Executive Director
Yes, we would like to enter an Educational Partnership with GAPNA at the following level; our payment is enclosed:

*Membership year runs January 1 through December 31.*

☐ **Premier** – $3,750  ☐ **Distinguished** – $6,500

Please complete this form and return it to GAPNA with your payment.

**Company Information:**

Company Name: ____________________________________________________________

(Please type name as it is to appear on all promotional materials. Use upper and lower case letters as required.)

Address: __________________________________________________________________

City: ___________________________ State: _____ ZIP: ____________________________

Company Telephone: ___________________________ FAX: _________________________

Corporate Web site: ___________________________ Email: ________________________

**Representative Information:**

Official Representative: ___________________________ Title: _________________________

Signature: ___________________________ Date: _____________________________

Email Address: ___________________________ Telephone: _______________________

For your company’s optional expanded listing on GAPNA’s Web site, you must complete page two of this application.

Please acknowledge the status of page 2:  ☐ Enclosed  ☐ Not Enclosed

Individual to receive full GAPNA membership

Name: ___________________________ Email: _____________________________

Address: __________________________________________________________________

City: ___________________________ State: _____ ZIP: ____________________________

Please complete this application (both pages) and return it with your payment - checks can be made payable to GAPNA (GAPNA’s Tax Identification Number is 93-0832304):
GAPNA includes detailed listings and descriptive write-ups of its Educational Partners on its Web site, www.gapna.org. Please complete this worksheet and send it to us if you would like your listing expanded beyond just your address and contact information. You can review your current listing on GAPNA’s Web site.

Company Name: ______________________________________________________________________________________

**Descriptive Write-Up** - Write about your company, products, and services. You may include brand names, product categories, services, etc. A maximum of 200 words is permitted. All write-ups must be provided on via email.

- [ ] We will be emailing the write-up
- [ ] We will not be including a 200-word descriptive write-up for the Web site.

**Logo** - GAPNA will include your corporate logo 1) on our Web site, www.gapna.org, and 2) in promotional materials during the annual conferences. Please provide both a jpeg and eps file of your four-color logo.

**Web site logo:**
- [ ] We will supply a new logo (in both jpeg and eps file format).
- [ ] We will not be including a corporate logo on GAPNA’s Web site.

**Power Point Presentation during the Annual Conference:**
- [ ] We will supply a new logo (in both jpeg and eps file format).

**Educational Partnership Payment Options:**
- [ ] Check enclosed (payable in U.S. funds to GAPNA, GAPNA’s Tax Identification Number is 93-0832304)
- [ ] Full payment by credit card
  - [ ] MasterCard  [ ] VISA  [ ] AMEX

Credit Card #: ________________________________________ Exp date: ____________________

Name on credit card:_________________________________________ Security Code: ______________

Billing address on credit card: street#: ___________________________ Zip code: ____________________

Please return to:
**Educational Partnership Program**
**GAPNA National Office**
Box 56
Pitman, NJ 08071
Phone: 856-256-2332
Fax 856-589-7463
Email: gapna@gapna.org