OPHA Conference Exhibitor/Sponsorship Form

**Renaissance Tulsa Hotel & Convention Center**

**September 27-28, 2016**

**Group Name:**                          

Address:                          

Email:                

Contact Person:                

Phone #           

Person(s) Staffing Table:           

**Contact Person for Ad, if applicable:**           

**Description of Services or Product:**                     

Electrical outlet / Internet? Yes  No  See service fees below.

**Fees & Payment:**

**Exhibit time is for two days of the conference September 27th & 28th and includes participation for one in all breaks. Move in after 3pm September 26th.**

|  |  |  |  |
| --- | --- | --- | --- |
| ***EXHIBITOR ONLY FEES:*** | | **Early Bird**  **Rate** | **Regular**  (pending availability) |
| **Table draped & skirted** |  | **From 3/1/16**  **To 7/1/16** | **From 7/2/16 through 9/1/16**  (pending availability) |
| Non-Profit Organization |  | $175.00 | $225.00 |
| Non-Profit Organization – Extra Table | $100.00 per table |  |  |
| For-Profit Organization |  | $425.00 | $475.00 |
| For-Profit Organization – Extra Table | $250.00 per table |  |  |
| Electricity (price includes two days) | $50.00 |  |  |
| Internet (price includes two days) | $50.00 |  |  |

**EXHIBITOR TOTAL:**

**Sponsorship Level (see attached): $\_\_\_\_\_\_\_\_\_\_ SPONSORSHIP FEE:**

***OVERALL TOTAL:***

Make checks payable to **Oklahoma Public Health Association (OPHA)**.

We will accept a purchase order number (include here)

or a letter of authorization. OPHA tax ID # is 23-7159694.

**Deadline – September 1st, 2016: Email to** [janhoward@opha.net](mailto:janhoward@opha.net)

**or Mail to:** OPHA 121 NE 52nd St.,Suite 260, Oklahoma City, OK 73105 **or Fax to:** 405.605.2099

Sponsorship Levels

**Supporting Partner - $10,000**

Sole sponsorship of one major conference event (speaker or luncheon)

Membership of all employees

Six conference registrations

Full-page ad in conference program

Logo and name billing on select conference materials

One draped & skirted priority exhibit space

**Platinum Partners in Health - $5,000**

Sole sponsorship of one major conference event (speaker or 2 breaks)

Four individual memberships and conference registrations

Full-page ad in conference program

Logo and name billing on select conference materials

One draped & skirted priority exhibit space

**Gold - $2,500**

Sponsorship of 1 break with signage

Two individual memberships and conference registrations

Half-page ad in conference program

Logo and name billing on select conference materials

One draped & skirted priority exhibit space

Silver - $1,000

One individual membership and conference registration

Half-page ad in conference program

Smaller size logo and name billing on select conference materials

One draped & skirted priority exhibit space

**Bronze - $775**

One draped & skirted priority exhibit space

Name billing on select conference materials

Quarter-page ad in conference program

**Conference Program Booklet - $1,800**

Full page ad on inside front cover of program, priority exhibit space and one individual membership.

**Program Ad - $475** 1/4 page ad in the conference program

**Program Ad - $550** 1/2 page ad in the conference program

**Program Ad - $750** Full page ad in the conference program

**Break Sponsor**(s)**: $1,500 per break**

Logo signage on break table, one individual membership, ¼ page ad in program booklet, and priority exhibit space.

**CONFERENCE EXHIBITOR & SPONSOR AGREEMENT**

*Payment:* Under the terms of this agreement, the exhibitor/sponsor agrees to pay the total of fee with this application or within 30 days of conference, but in no case later than September 1st, 2016. It is understood that failure by the exhibitor/sponsor to remit balance due by said date shall be charged a 5% late payment fee.

*Cancellation Policy:* Any exhibitor, sponsor or other participant who cancels all or part of purchased exhibit space or sponsorship prior to September 1st, 2016, shall receive a full refund, less a $25.00 administrative fee. If cancellation in whole or part is made on or after September 1st, 2016, the exhibitor/sponsor shall be liable for the entire balance of said exhibit/sponsorship originally agreed to. Cancellation requests must be submitted in writing (email, fax or mail only) to the office address below.

*Authorization:* Exhibitor/sponsor agrees that if this application and agreement has not been received properly signed by September 1st, 2016, it may be declared null and void so that the exhibit space/sponsorship benefits may be reassigned. Acceptance of this agreement by Oklahoma Public Health Association constitutes a contract.

**We understand this application becomes a contract when signed by us** (exhibitor/sponsor) **and accepted by OPHA. We have read and agree to abide by all rules and regulations, as outlined in this application form.**

(please print name of individual) (Please print title of individual)

(Authorized Signature) (Date)

**Please complete this application and forward it to:**

**OPHA**

**121 N.E. 52nd Street, #260**

**Oklahoma City, OK 73105**

**Fax: 405.605.2099**

**Email:** [**opha@opha.net**](mailto:opha@opha.net)

Questions – contact Jan Howard 405.605.2099 or [janhoward@opha.net](mailto:janhoward@opha.net)

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