OPHA Conference Exhibitor/Sponsorship Form

**River Spirit Hotel – Tulsa, OK**

**October 22 & 23, 2019**

**Registration Deadline – October 12, 2019**

Exhibitor/Sponsor Name:                           Description of Services or Product:                

Address:                          

Email:                                     Phone #:                 Contact Person:      

Name of Person(s) Staffing Table:                                Electrical Outlet? Yes  No  *($50 service fee)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Fees include one table per organization, and snacks and lunch for one individual each day.** | | | |
| ***Category*** | **Early Bird Rate**  **June 1 - Aug 31** | **Regular Rate**  **Sept 1 - Oct 12 (pending availability)** | **Extra Table** |
| Non-Profit Organization | $200 | $250 | $100 per table |
| Small Business (less than 20 employees) | $225 | $275 | $100 per table |
| For-Profit Organization | $450 | $450 | $150 per table |
| Electricity - $50 for both days | | | |

EXHIBITOR CATEGORY:

EXHIBITOR RATE: $

ELECTRICAL OUTLET: $

*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.

*Register by mail, email or fax at:*



O Mail: OPHA Email: [janhoward@opha.net](mailto:janhoward@opha.net) Fax: 405.605.2099

121 NE 52nd St., Suite 260

Oklahoma City, OK 73105

***Exhibitors may begin set up at 3 p.m. on October 21.***

Sponsorship Levels

Supporting Partner - $10,000

* Sole sponsorship of one major conference event (VIP reception, speaker or luncheon)
* One year OPHA membership for all employees
* Six conference registrations
* Two invitations to VIP reception
* Recognition (logo and name) on annual conference materials
* Recognition on [www.opha.net](http://www.opha.net)
* Priority exhibit space (one table)

Platinum Partners in Health - $5,000

* Sole sponsorship of one major conference event (speaker or 2 breaks)
* Four individual memberships and conference registrations
* Recognition (logo and name) on annual conference materials
* Recognition on [www.opha.net](http://www.opha.net)
* Priority exhibit space (one table)

Gold - $2,500

* Sponsorship of one break with signage
* Two individual memberships and conference registrations
* Recognition (logo and name) on annual conference materials
* Recognition on [www.opha.net](http://www.opha.net)
* Priority exhibit space (one table)

Silver - $1,000

* One individual membership and conference registration
* Recognition on select conference materials
* Priority exhibit space (one table)

Bronze - $775

* Priority exhibit space (one table)
* Recognition on select conference materials

Break Sponsor(s) - $1,500 per break

* Logo signage near refreshments
* One individual membership
* Priority exhibit space (one table)

**CONFERENCE EXHIBITOR & SPONSOR AGREEMENT**

*Payment:* Under the terms of this agreement, the exhibitor/sponsor agrees to submit total payment on or before Oct. 12, 2019. It is understood that failure by the exhibitor/sponsor to remit full payment due by October 12 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 Oct. 12, 2019, shall receive a full refund, less a $25.00 administrative fee. If cancellation in whole or part is made on or after Oct. 12, 2019, 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 one of the forms of contact below.

*Authorization:* Exhibitor/sponsor agrees that if this application and agreement has not been received properly signed by Oct. 12, 2019, 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.

I understand this application becomes a contract when signed by me (exhibitor/sponsor) and accepted by OPHA. I have read and agree to abide by all rules and regulations, as outlined in this application form. For questions, please contact Jan Howard at 405.605.2099 or [janhoward@opha.net](mailto:janhoward@opha.net).

*(Please Print Name of Individual) (Title)*

*(Authorized Signature) (Date)*

*Please complete this application and forward it to OPHA by mail, email or fax:*



Mail: OPHA Email: [opha@opha.net](mailto:opha@opha.net) Fax: 405.605.2099

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***Conference Objectives:***

* To address the gap between public health practitioners’ knowledge and performance as it relates to developing and implementing policies to demonstrate a collaborative approach to improving the health of all people and advancing health equity.
* To define roles of the public health community in relation to promoting health equity as public health policies and programs are developed and implemented.
* To increase knowledge of the public health community to incorporate health equity and sustainability principles into specific policies, programs and processes.
* To embed health equity and sustainability considerations into government decision-making processes.
* To identify best practices in developing and implementing strategies that address the social determinants of health.