



Ohio State Medical Association Education Symposium
Shifting Perspectives. Creating Possibilities
April 5, 2019

EXHIBIT AND SPONSOR REGISTRATION. Questions? Email or call Mary Whitacre at (614) 527-6769 or mwhitacre@osma.org.

Type/key in the information- no handwriting please. Email to mwhitacre@osma.org. To be listed in the promotional print materials, companies must reserve and pay for exhibit space by January 11, 2019.

CONTACT INFORMATION

This person will receive all the Symposium information, logistics, email updates, etc.

| | | | |
|----------------|--|-------|--|
| Name | | | |
| Company | | | |
| Address | | | |
| City/State/Zip | | | |
| Telephone | | Email | |

COMPANY INFORMATION

This information will be included in the print exhibit directory.

| | | | |
|--------------|--|-------|--|
| Company | | | |
| Website | | | |
| Contact name | | | |
| Telephone | | Email | |

Include here a description of your product or service that you would like printed in the exhibit directory (limit of 100 words).

EXHIBIT STAFF

The exhibit fee includes participation of ONE exhibit staff. There is a \$75 fee for each additional staff, with a maximum total of four staff. Exhibit staff who want to attend “just for a few hours” and do not register are not permitted – this helps keep it fair for all exhibitors. Exhibitors will take their lunch in the main dining room either a little prior to or during the main lunch break.

| | |
|---------|-------|
| 1. Name | Email |
|---------|-------|

Add \$75 for each additional staff

| | |
|---------|-------|
| 2. Name | Email |
| 3. Name | Email |
| 4. Name | Email |

EXHIBIT SPACE

- Reserved for sponsors: 35, 36, 53-57 (Not available 1, 2, 3, 52)
- First tier space \$750 each: 4, 5, 6, 31, 32, 33, 34, 37, 38, 39, 40
- All other spaces are second tier spaces and are \$650 each
- Government and non-profit organizations receive a \$100 discount off second tier spaces

Please list three choices. If none of your choices are available, the OSMA will notify you so you can choose another space or we will assign you a space. You are welcome to call first if you want to check on space availability

First choice _____ Second Choice _____ Third Choice _____ Assign me any space _____

DOOR PRIZE DRAWING – please indicate your participation

I agree to provide a gift (suggested minimum value of \$25) to be used as a door prize.

| | |
|--|--|
| My door prize is: <i>Will be printed in the directory</i> | |
|--|--|

I agree to provide a door prize, and have added \$ _____ to the total due. Please purchase a gift card on our behalf.

I am a sponsor and as such, the OSMA will purchase a \$25 gift card on my behalf.

I will NOT be providing a door prize. I understand that by not providing a door prize, my company name will not be included on the door prize card that is used to generate traffic in the exhibit hall and I may not hold my own/separate raffle.

SPONSORSHIPS - please indicate your choice (you will be contacted with the additional details)

Please consider showing your support of OSMA member education through sponsorship. You can choose the designated space below or any other available space. Details are included in the exhibit prospectus. *Please check the sponsorship you are interested in. Sponsorships INCLUDE the exhibit space fee.*

Gold Sponsor: \$3,000 (limit 2)

Breakfast Sponsor - \$3,000 - *SOLD*

Break Sponsor - \$2,500

Lunch Sponsor - \$3,000 - *SOLD*

Tote Bag Sponsor - \$3,000 - *SOLD*

Pad/Pen Sponsor - \$3,000 - *SOLD*

Exhibit Directory Sponsor - \$1,500 - *SOLD*

Payment

Please call if you want to confirm if a space is available.

| | |
|--|----|
| First tier exhibit space - \$750 | \$ |
| Second tier exhibit space - \$650 (\$550 for non-profit) | \$ |
| Sponsorship selection | \$ |
| Door prize (if you want OSMA to purchase a gift card on your behalf) | \$ |
| Additional staff - \$75 each | \$ |
| Total due | \$ |

Method of Payment (all payment due by February 1)

- Check - please email a copy of this registration form to mwhitacre@osma.org and then include the original with the check.
Make checks payable to OSMA and mail to: PO Box 2091, Mt. Vernon, OH 43050-7291
- Credit card – Email this registration form to mwhitacre@osma.org
- Invoice me in January

| | | | |
|---|--|--------------------------|--|
| Name on card | | Account number | |
| Expiration date | | Verification code | |
| Billing address if different than first page | | | |

In signing this contract, it is understood that OSMA has sole discretion for determining the types of exhibitors, advertising and sponsorships that will be accepted. Assignment and confirmation of exhibit space will be made in the order which requests are received by the OSMA. All cancellations must be made in writing and received by January 11, 2019 to receive a refund less a \$200 administrative fee. No refunds thereafter unless agreed on by the OSMA. If the event is cancelled by the OSMA, 100% of your payment will be refunded. Payment to exhibit is solely for the purchase of exhibit space and not made with the intent to influence the content of the meeting. Sharing of exhibit space between two companies is prohibited unless approved in advance by the OSMA.

Signature _____ Date _____