

Sponsorship Registration Form

PLATINUM LEVEL SPONSORSHIPS

CONFERENCE BAG \$3,000 \$ SOLD _____
 FRIDAY EVENING RECEPTION \$3,000 \$ _____
 REGISTRATION BROCHURE \$3,000 \$ _____
 HOTEL KEY CARD \$2,000 \$ SOLD _____

GOLD LEVEL SPONSORSHIPS

CONFERENCE PEN \$1,500 \$ _____
 LANYARD AND BADGE \$1,500 \$ SOLD _____
 OTAC ANNUAL MEETING \$1,000 \$ _____
 KEYNOTE ADDRESS SPONSOR \$1,000 \$ _____
 PRESIDENT'S RECEPTION \$1,000 \$ _____

SILVER LEVEL SPONSORSHIPS

CERTIFICATES OF COMPLETION \$500 \$ SOLD _____
 EXHIBITOR/SPONSOR GUIDE \$500 \$ SOLD _____
 POSTER PRESENTATIONS \$500 \$ _____
 PRESENTER PROFILE GUIDE \$500 \$ _____
 REGISTRATION MAILER \$500 \$ _____
 WEB SITE BANNER AD \$500—1 AVAILABLE \$ _____

BRONZE LEVEL SPONSORSHIPS

CONFERENCE BAG COLLATERAL MATERIAL INSERT \$250 \$ _____
 TAKE ONE TABLE \$150 \$ _____
 BINGO CARD SPOT SPONSOR \$150 \$ _____

Additional Benefit(s) Selection:

Platinum Levelsponsors—Select 3 Gold Level Sponsors—Select 2 Silver Level Sponsors—Select 1

- Complimentary full conference registration (Three registrations for Platinum, Two registrations for Gold, One registration for Silver)
- 1/4 page color ad in OTAC Newsletter (3.25" x 4.75")
- 10% off Exhibit Booth Space
- Website Banner Ad on OTAC website (not conference page)
- Business Card size ad in On-site Program, black and white (3.3" x 1.9")
- One Stand Alone E-blast sent by OTAC to OTAC database (approximately 7,000 emails)

Refund & Cancellation Policy

Notice of cancellation must be in writing (no exceptions) to OTAC by April 1, 2018 to be valid. OTAC will retain 25 percent of the amount paid/committed to for exhibit booth and/or sponsorships. No refunds or cancellations will be granted after April 1, 2018. OTAC shall not be liable for any interest on the amount refunded.

Payment Information

Make check payable to: **OTAC**, P.O. Box 276567, Sacramento, CA 95827

Mail or fax to: OTAC, P.O. Box 276567, Sacramento, CA 95827 | (916) 294-0415 ATTN: Shannon

Need more information? Contact Shannon Rutledge: (916) 932-2205 or email: shannon@otaconline.org

Please ✓ form of payment: Visa MasterCard American Express Check # _____

Amount \$ _____ [4135-100]

Company Name _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____

Contact Name _____

Card Number _____ Exp. Date _____ VCode* _____

Name of Cardholder _____ Billing Zip Code _____

Signature _____