## **Sponsorship Registration Form**

PLATINUM LEVEL SPONSORSHIPS		SILVER LEVEL SPONSORSHIPS	
Conference Bag \$3,000	\$SOLD	CERTIFICATES OF COMPLETION \$500	\$ <b>SOLD</b>
FRIDAY EVENING RECEPTION \$3,000	\$	Exhibitor/Sponsor Guide \$500	\$
REGISTRATION BROCHURE \$3,000	\$	Poster Presentations \$500	\$
Hotel Key Card \$2,000	\$	Presenter Profile Guide \$500	\$
		<b>REGISTRATION MAILER</b> \$500	\$
Gold Level Sponsorships		Web site Banner Ad \$500	\$
Conference Pen \$1,500	\$		
LANYARD AND BADGE \$1,500	\$SOLD	<u>Bronze Level Sponsorships</u>	
OTAC ANNUAL MEETING \$1,000	\$	CONFERENCE BAG COLLATERAL MATERIAL	
Keynote Address Sponsor \$1,000	\$	Insert \$250	\$
President's Reception \$1,000	\$	TAKE ONE TABLE \$150	\$
		Bingo Card Spot Sponsor \$150	\$

Additional Benefit(s) Selection: Platinum Level Sponsors—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
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Notice of cancellation must be in writing (no exceptions) to OTAC by April 1, 2020 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, 2020. 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 Please do not email reservation forms. 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 \_\_\_