

Exhibitor and Sponsorship Levels



Each level will be distinguished with level signs in the exhibit area at the Annual Conference

Diamond Exhibitor - \$7,500

- ◆ Ability to sponsor the Board of Director's Dinner, the President's Reception or the Plenary Lecture Luncheon
- ◆ Ability to speak at the sponsored Dinner or Luncheon
- ◆ Recognition in the OSA Spring/Summer and Fall/Winter Newsletter
- ◆ Recognition in the OSA Annual Conference Brochure
- ◆ Sign Recognition at the OSA Annual Conference
- ◆ Double Booth
- ◆ Sponsor's logo on OSA Annual Conference Registrant bag
- ◆ Sponsor's logo on the homepage of the Society's Website
- ◆ Sponsor's logo link on Society's Web site "Link" page
- ◆ 6 Invitations to the Annual Conference Luncheon and President's Reception
- ◆ Access for up to 6 persons to the Exhibit Hall

Platinum Exhibitor - \$5,000

- ◆ Recognition in the OSA Spring/Summer and Fall/Winter Newsletter
- ◆ Sign Recognition at the OSA Annual Conference
- ◆ Recognition in the OSA Annual Conference Brochure
- ◆ Large size sponsor's logo link on Society's Web site "Links" page
- ◆ 4 Invitations to the Annual Conference Luncheon and President's Reception
- ◆ Access for up to 4 persons to the Exhibit Hall

Blue Ribbon Exhibitor - \$2,500

- ◆ Recognition in the OSA Fall/Winter Newsletter
- ◆ Sign Recognition at the OSA Annual Conference
- ◆ Recognition in the OSA Annual Conference Brochure
- ◆ Medium size sponsor's logo link on the Society's Web site "Links" page
- ◆ 3 Invitations to the Annual Conference Luncheon
- ◆ Access for up to 3 persons to the Exhibit Hall

Annual Conference Exhibitor \$1,000

- ◆ Sign recognition at the Annual Conference
- ◆ Recognition in the OSA Annual Conference Brochure
- ◆ 2 Invitations to the Annual Conference Luncheon
- ◆ Access for up to 2 persons to the Exhibit Hall

Ohio Society of Anesthesiologists 85th Annual Meeting

September 20-22, 2024



Exhibitor Information Form

Company Name: _____

Address/City/State/Zip: _____

Federal Tax I.D. Number: _____

EXHIBITOR OPPORTUNITIES

___ Diamond \$7,500 ___ Platinum \$5,000 ___ Blue Ribbon \$2,500 ___ Exhibitor \$1,000

(Includes exhibit space and acknowledgement of your company name in the course syllabus)

Representative(s) Attending Exhibit

Name: _____

Name: _____

Email: _____

Email: _____

Identification Tag(s): Please indicate how you wish name(s) to appear.

Exhibit Space: ONE 6 ft. Table (space limitations do not permit large skyline displays)

Do you need electricity? No _____ Yes _____ If yes, total voltage _____ total amps _____

Electricity will be used for _____

Material to be displayed _____

Exhibit Set-Up Information should be sent to:

Name _____

Address _____

Phone _____ Fax _____

Email _____

Please complete and return this form along with your check payable to:

Ohio Society of Anesthesiologists (OSA) (Tax I.D. #34-0866225)

Mail to: OSA

3757 Indianola Ave.

Columbus, OH 43214

Phone: 614 / 784-9721

Fax: 614 / 784-9771

Email: osa@osainc.org