

2020 Safety-Net Symposium Sponsor and Exhibitor Form

Company Name (as you want to be listed): _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Sponsorship Opportunities

Diamond Tier (\$10,000) Gold

Custom Tier (\$??)

Tier (\$5,000)

Silver Tier (\$3,000)

Bronze Tier (\$1,000)

Exhibitor Opportunities

Nonprofit Exhibitor (\$400)

For-Profit Exhibitor (\$600)

Add-Ons

Full-page Program Ad (\$450)

Speak Directly to Attendees (\$150)

Half-Page Program Ad (\$300)

Handout in Attendee Packet (\$200)

Payment Method

Check

VISA

MasterCard

Discovery

Total Amount: \$_____

Name on Card: _____ Exp. Date _____

Credit Card Number: _____ CVV: _____

Billing Address: Same as above Street: _____

City: _____ State: _____ ZIP: _____

Please make all checks payable to "Ohio Association of Free Clinics".

Please return c/o Katie Kisseberth 35 N 4th St, Suite 350 Columbus, OH 43215 Fax: (614) 914-6520

Questions? Call (614) 914-6458 x 2 or email Katie Kisseberth at kkisseberth@charitablehealth.org

Sponsor and Exhibitor Forms are due no later than August 28, 2020

35 N 4th St, Suite 350
Columbus, OH 43215
614-914-6458 x 2

