|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Logo, company name  Description automatically generated  **2023**  Oklahoma Hospice & Palliative Care Association Annual Conference  **November 2ne & 3rd** | | | | |
| **VENDOR/SPONSOR APPLICATION** | | | | |
| **Company:** |  | | | |
| **Contact:** |  | | | |
| **Address:** |  | | | |
| **City/State/Zip:** |  | | | |
| **Phone:** |  | | **Fax:** |  |
| **Contact E-Mail:** |  | | | |
| **Company Website:** | |  | | |
|  | | | | |
| **Product**  **Description:** | |  | | |
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| **If using a company ad, describe** | |  | | |
|  | | |

**Listing in Final Program is different from above:**

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| --- | --- | --- | --- |
| **Company** |  | | |
| **Address:** |  | | |
| **City/State/Zip** |  | | |
| **Phone:** |  | **Fax:** |  |

**Sponsorship/VENDOR APPLICATION**

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| **VENDOR/SPONSOR APPLICATION** | | | |  | **pAGE 2** |
|  | | | |  |  |
|  |  | | Member | Non-Member | Selection |
| Sponsorships | Keynote Sponsorship, (limit 2) | | $1750 | $2000 |  |
| Hot Topics Speaker Sponsorship (limit 3) | | $1750 | $2000 |  |
| Legislative Sponsorship, (limit 4) | | $1200 | $1750 |  |
| Speaker Sponsorship | | **$1200** | **$1750** |  |
| Daily Break Sponsorship | | **$1000** | **$1500** |  |
| Basic Sponsorship | | **$850** | **$1200** |  |
|  | | |  |  |  |
| Advertising Space inFinal Program | | Inside Back Cover | $450 | $500 |  |
| Outside Back Cover | $450 | $500 |  |
| Inside Front Cover | $450 | $500 |  |
| Full Page | $360 | $400 |  |
| Half Page | $270 | $300 |  |
| Quarter Page | $180 | $200 |  |
| IMPORTANT NOTICE: Ad and commercial deadline is Oct 1st, 2023.Contact OHPCA office with any questions; 1-405-985-9197 | | |  |  |  |
| Vendor’s Conference Sessions Registration Fee | | | **$225/person** | **$250/person** |  |
| OHPCA Patron Membership - $700(Join with application and receive 10% off your membership fee!!) | | |  |  |  |
| TOTAL DUE | | |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Credit Card Payment** | | | | | | | |
| **Credit Card**  **Number** |  | **Expiration Date** | | | |  | |
| **Name on Card** |  | | **Code on Back of Card** | | | |  |
| **Billing Address**  **for Card** |  | | | **Zip**  **Code** |  | | |
| **Signature** |  | | | | | | |

**Send completed application to: Marta Sullivan,** [**martasullivan64@gmail.com**](mailto:martasullivan64@gmail.com)

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| **Oklahoma Hospice & Palliative Care Association**  **PO Box 1466, Ardmore, OK 73402** |

**If paying by check, make check out to OHPCA and send payment to address below**