



ADVERTISING/SPONSORSHIP OPPORTUNITIES

**2011 OSHA Conference
October 14 & 15, 2011
Salem Conference Center
200 Commercial Street SE**

EXHIBITOR PACKAGES

(Please circle items you wish to purchase and complete Exhibitor Contract)

Gold Package – \$1,000: includes

- exhibit table
- full-page advertisement in conference program
- full-page advertisement in four editions of the OSHA newsletter (value \$1,325)

Silver Package – \$750: includes

- exhibit table
- half-page advertisement in conference program
- half-page advertisement in four editions of the OSHA newsletter (value of \$975)

Bronze Package – \$500: includes

- exhibit table,
- quarter-page advertisement in conference program
- quarter-page advertisement in four editions of the OSHA newsletter (value of \$660)

CONFERENCE PROGRAM ADS (Please circle items you wish to purchase)

(All ads in black and white – tiff, jpeg or pdf file format)

Full Page (7 1/2" x 10") \$325

Inside Front Cover \$375

Back Cover \$425

Half page (7 1/2" x 4 3/4") \$150

Quarter page (3 1/2" x 4 3/4") \$100

Business Card (3 1/2" x 2") \$75

SPONSORSHIPS (Please circle items you wish to purchase)

Sponsorships include recognition in conference program, announcement at the event and signage at Convention Center (Company logo should be sent no later than September 15).

Speakers (\$500)

Lunches (\$1,000)- 2 available

Breaks (\$1,000)- 2 available

Supply Nametag Lanyards

Please check with Julie McCulley (julie@profadminserv.com or 503-370-7019) for the availability of sponsorships.

Company Name: _____

Contact: _____

Address: _____

City, State Zip _____

Phone: _____ Fax: _____

Email: _____

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In order to have information printed in the conference program, payment and ad copy must be received in the OSHA office by September 15, 2011.

If purchasing an Exhibitor Package, complete the Exhibitor Contract as well as this form.

Amount Due: \$ _____

Method of payment: _____ check enclosed _____ credit card (Visa or MasterCard)

Card Number: _____ Exp. Date: _____

Name on Card: _____

Signature: _____ Date: _____

Please complete and return this form with payment to
Oregon Speech-Language & Hearing Association, PO Box 523, Salem, OR 97308
503-370-7019 • Fax 503-587-8063 • julie@profadminsolv.com