

# 2018 Current Concepts in Foot and Ankle Surgery Symposium

February 10, 2018

## Exhibitor and Sponsor Registration Form

Please select one:

           **Exhibitor and Break Sponsor \$1,800 (4 available)**

This sponsorship includes a half page advertisement in the spring 2018 OHFAMA newsletter, a one page flyer in all registration packets, logo recognition on the OHFAMA website, a pre and post symposium registration list and a premium location for a 6' exhibit table.

           **Exhibitor and Session Sponsor \$1,500 (4 available)**

This sponsorship includes a third page advertisement in the spring 2018 OHFAMA newsletter, sponsorship announcement at the beginning of the session, logo recognition on the OHFAMA website, a pre and post symposium registration list and a premium location for a 6' exhibit table.

           **Exhibitor Sponsor \$1,000 (12 available)**

This sponsorship includes a 6' exhibit table.

Company Name: \_\_\_\_\_

Company Product: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Company Description: \_\_\_\_\_

### Payment Method - Please Mark One

Check payable to Ohio Foot and Ankle Medical Foundation (preferred payment method)

American Express    Discover Card    MasterCard    VISA   Amount Authorized: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name as printed on Credit Card: \_\_\_\_\_

Billing Address of Credit Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Representative(s): 1) \_\_\_\_\_ 2) \_\_\_\_\_

### Please mail or fax form with payment to:

Ohio Foot & Ankle Medical Foundation - 2018 Symposium, 1960 Bethel Rd Ste 140, Columbus, OH 43220  
Phone: (614) 457-6269, Fax: (614) 457-3375 or email: [lridolfo@ohfama.org](mailto:lridolfo@ohfama.org)