



**2018**  
**Sports Injury Clinic**  
hosted by the



**OHIO**  
**FOOT AND ANKLE MEDICAL**  
**FOUNDATION**



**August 11, 2018**  
**Columbus, Ohio**  
**Sponsorship Brochure**

# 2018 Sports Injury Clinic

**Location • Quest Conference Center**

**August 11, 2018 • Columbus, Ohio**

We would like to invite you to sponsor our second annual sports injury clinic which will be limited to 15 companies. All sponsors are welcome to set up exhibit tables on **Saturday August 11, 2018 from 7:30am – 5:00pm**. There are several sponsor opportunities as outlined below:

## **Exhibitor and Session Sponsor \$1,200 (5 available)**

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

## **Exhibitor Sponsor \$1,000 (10 available)**

This sponsorship includes a 6' exhibit table, a listing on the OFAMF website and a post clinic registration list.

**Please review these rules and regulations carefully. Your signature on the Exhibit/Sponsorship Form binds you and your company to this contract and the terms expressed herein.**

**Products/Services:** The products or services that are exhibited at the OFAMF Sports Injury Clinic must be those related to the interests and educational values of the conference. The OFAMF Sports Injury Clinic may refuse to accept the application of any company or persons whose products/services do not meet the educational integrity and objectives of the OFAMF Sports Injury Clinic.

**Exhibitor/Sponsor Activities:** Any products/services showcased or displayed by the exhibitor/sponsor must be conducted or distributed within the exhibit space assigned. The exhibitor/sponsor is prohibited from displaying their products/services in other exhibitor/sponsor spaces or in common areas.

**Only one company can exhibit per space:** Exhibitors/sponsors are required to keep their assigned space in good order and cleanliness at all times. Exhibitors are prohibited from bringing oversized displays due to space requirements. Exhibitors must be able to display on the 6 foot table top provided or not use the table top using a floor display. Displays are not to be wider than 6 feet. A representative of the company may attend the program, but is not allowed to engage in any promotional activities in the lecture hall while the program is taking place. **Only 2 (two) representatives per sponsorship space are permitted at one time.**

**Set Up:** Set-up for Sponsors is Saturday, August 11, 2018 from 7:00 – 8:00 am.

**Liability:** OFAMF and the facility are not responsible for any loss or damage of property. It is the responsibility of the representatives to secure valuables when the exhibit table is not attended. Insurance, if desired, is the responsibility of the exhibitor.

**Deposits/Refunds:** Sponsorship spaces will not be assigned without a payment in full. No refunds will be given for cancellations or no shows.

**Clinic Location:** Quest Conference Center, 8405 Pulsar Place, Columbus, Ohio, 43240  
phone: (614) 540-5540 [www.quest-centers.com](http://www.quest-centers.com)

# 2018 Sports Injury Clinic

August 11, 2018

## Exhibitor and Sponsor Registration Form

Please select one:

\_\_\_\_\_ **Exhibitor and Session Sponsor \$1,200 (5 available)**

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

\_\_\_\_\_ **Exhibitor Sponsor \$1,000 (10 available)**

This sponsorship includes a 6' exhibit table, a listing on the OHFAMA website and a post clinic registration list.

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

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

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

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

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

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

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

**Payment Method - Please Mark One**    \_\_\_ **Exhibit & Session Sponsorship \$1,200**

      \_\_\_ **Exhibitor Sponsorship \$1,000**

Check payable to Ohio Foot and Ankle Medical Foundation

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:**

OFAMF, 1960 Bethel Rd Ste 140, Columbus, OH 43220

Phone: (614) 457-6269, Fax: (614) 457-3375 or email: [lrldolfo@ohfama.org](mailto:lrldolfo@ohfama.org)