OHIO FOOT AND ANKLE MEDICAL FOUNDATION

2018 Grant and Sponsorship Contract

The 102nd Annual Ohio Foot and Ankle Scientific Seminar

The following is an agreement to provide the Ohio Foot & Ankle Medical Foundation with a sponsorship to support the 102nd Annual Ohio Foot and Ankle Scientific Seminar that will be held on May 17-19, 2018 at the Hilton at Easton Town Center in Columbus, Ohio. This program has been approved for Continuing Medical Education hours by OFAMF for the state of Ohio and as an approved CPME provider. **Please see page 2 or 5 for the details of what is included with sponsorships.**

All sponsorships include a pre-seminar registration list.

- ☐ Unrestricted Grant ($7,500-Platinum; $5,000-Gold; $3,500- Silver) $_____
- ☐ ~~Sponsor for **Lunch & Learn (Thursday, 1 sponsor per session)**: $2,500 (3 Available)~~ $ SOLD OUT
- ☐ ~~Sponsor for **Lunch & Learn (Saturday, 1 sponsor per session):** $2,500 (3 Available)~~ $ SOLD OUT
- ☐ Sponsor for **Morning Break**: $1,000 each (3 Available) $ _____
- ☐ Sponsor for **Afternoon Break**: $1,000 each (3 Available) $ _____
- ☐ Sponsor for **Workshop** $3,000 each (contact OFAMF for availability) $ _____
- ☐ Sponsor for **Continental Breakfast:** $2,000 (3 Available) $ _____
- ☐ Sponsor for **Marketplace Luncheon (Friday)**: $2,000 $ _____
- ☐ Sponsor for **Physician Session:** $500 $ _____
- ☐ Sponsor for **Scientific Paper and Poster Competitions** *Company products or prize for a new practitioner*
- ☐ Sponsor by providing **door prizes** for participants in Exhibit Hall *Company products for a physician*
- ☐ Sponsor by providing **Annual Tote Bag** (1 Available-*company logo, one color*) $2,000 $ _____
- ☐ Sponsor by providing **Annual Pens** (1 Available—company logo, one color) $750 $ _____

I will pay by: ☐ **Check** ☐ **Credit Card** **Total: $ _____**

Card #: _____ Expiration Date: _____ 3 or 4 Digit Security Code: _____

Name on Card: _____ Billing Address: _____

By signing this contract, you enter into an agreement with OFAMF as a sponsor of the 102nd Annual Ohio Foot and Ankle Scientific Seminar by providing a grant or sponsorship. As a sponsor, you agree to pay the amount referenced above on or before May 30, 2018.

Printed Name: _____ **Signature:** _____ **Date:** _____

Company Name & Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

MAIL to OFAMF: 1960 Bethel Road, Suite 140, Columbus, OH 43220 *or* FAX to (614) 457-3375
Questions? Call (614) 457-6269 or email *lridolfo@ohfama.org*