

2019

Sports Injury Clinic

hosted by the



**OHIO
FOOT AND ANKLE MEDICAL
FOUNDATION**



July 19 and 20, 2019

Canton, Ohio

at the Pro Football Hall of Fame

Sponsorship Brochure

2019 Sports Injury Clinic

**Location • Pro Football Hall of Fame
2121 George Halas Dr NW
Canton, OH 44708**

**Reception, Friday July 19, 2019 • 6:30pm – 9:00pm
Sports Clinic, Saturday July 20, 2019 • 8:00am – 5:00pm**

We would like to invite you to sponsor our second annual sports injury clinic which will be limited to 8 companies. All sponsors are welcome to set up exhibit tables on **Saturday July 20, 2019 from 7:30am – 5:00pm**. There are several sponsor opportunities as outlined below:

A private reception will be held in the Gold Jacket Lounge on **Friday July 19, 2019** from 6:30pm - 9:00pm and there is no additional charge to attend.

Exhibitor and Session Sponsor \$1,500 (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 \$1,200 (3 available)

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

Hotel - For those needing hotel accommodations, a discounted room block has been set up at the Holiday Inn Canton (Belden Village), 4520 Everhard Rd NW, Canton, OH 44718. Please call (330) 494-2770, and mention the Ohio Foot and Ankle room block, king/double rooms are \$115 a night and suites are \$135 a night.

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, July 20, 2019 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: Pro Football Hall of Fame, 2121 George Halas Dr. NW, Canton, Ohio, 44708
phone: (330) 456-8207 www.profootballhof.com

2019 Sports Injury Clinic

July 19, 2019 - Private Reception
July 20, 2019 - Sports Injury Clinic

Exhibitor and Sponsor Registration Form

Please select one:

_____ **Exhibitor and Session Sponsor \$1,500 (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 \$1,200 (3 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 \$1,500**

 ___ **Exhibitor Sponsorship \$1,200**

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) _____

___ **I will be attending the Friday evening Reception**

___ **I will be bringing ___ (number) of guests to the Reception with me**

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: lridolfo@ohfama.org