



COMPANY INFORMATION

Company Name: _____ Service/Product: _____

Primary Contact Name: _____ Phone: _____

Mailing Address: _____ Website: _____

Fax: _____

Contact Email: _____ Email Address for Post-Show List: _____

Company Contact Information for Exhibitor Directory (name, address, phone, email):

_____Companies to be close or far from: _____
_____Brief description of product(s)/service(s) to be exhibited. Information may appear in marketing materials and handouts. (25 words maximum): _____

SIGN

THE UNDERSIGNED CERTIFIES THAT HE/SHE IS AUTHORIZED TO CONTRACT IN THE NAME OF THE EXHIBITING COMPANY.

Signature: _____ Date: _____

Printed Name & Title: _____

BOOTH

- ☐ **Deluxe Table** *While supplies last*
Before April 8, 2027: **\$2,500** After April 8, 2027: **\$2,750**
- ☐ **Premium Booth (10'x8')**
Before April 8, 2027: **\$2,250** After April 8, 2027: **\$2,500**
- ☐ **Standard Booth (10'x6')**
Before April 8, 2027: **\$1,500** After April 8, 2027: **\$1,750**
- ☐ **Friday Exhibitor Marketplace Luncheon Prize Donation:** _____
- ☐ **Thursday's Resident Competition Prize Donation:** _____
- ☐ **XL Floor Graphic (\$500)** ☐ **Standard Floor Graphic (\$300)** ☐ **Pre-Show Attendee List (\$100)** ☐ **Window Cling (\$500)**

Representative 1: _____ Representative 2: _____

Additional Name Tags (\$50 each): _____

Representative 3: _____ Representative 4: _____

PAYMENT

I will be paying by: ☐ Check ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Card #: _____ Expiration Date: _____ Security Code: _____

Name on Card: _____ Billing Address: _____

\$ _____ (Booth) + \$ _____ (Upgrades) + _____ (Additional Name Badges) = **Total** _____

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



Become an Ohio Annual Scientific Seminar sponsor and connect directly with key decision-makers! With customizable packages at various price points, the Annual Scientific Seminar offers high-visibility promotional opportunities to showcase your brand and build lasting connections. Each sponsorship comes with prime exhibit hall placement and your logo included on signage, the app, and seminar slideshow.

SPONSORSHIPS

Unrestricted Grant and Conference Sponsorship

- ☐ **Platinum** \$7,500 **BEST VALUE!**
- ☐ **Gold** \$5,000
- ☐ **Silver** \$3,500

- ☐ **Welcome Reception Sponsor** \$5,000
- ☐ **Seminar Lunch & Learn** \$3,250
- ☐ **Virtual Lunch & Learn** \$3,250
- ☐ **Workshop Sponsor** \$3,000
- ☐ **Continental Breakfast or Luncheon Sponsor** \$2,000 **EXHIBITOR FAVORITE!**
- ☐ **Hotel Keycard Sponsor** \$2,000
- ☐ **Headshot Sponsor** \$2,000 **BIG HIT LAST YEAR!**
- ☐ **Branded Seminar WiFi Sponsor** \$2,000
- ☐ **Tote Bag Sponsor** \$2,000
- ☐ **Pen Sponsor** \$1,000
- ☐ **Break or Beverage Station Sponsor** \$1,000 **EXHIBITOR FAVORITE!**
- ☐ **Physician Session Sponsor** \$500

By signing this contract, you enter into an agreement with OFAMF as a sponsor of the 111th 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 April 28, 2027. Sponsorships are approved at the discretion of OFAMF.

Printed Name: _____ Signature: _____ Date: _____

Company Name & Address: _____

Phone: _____ Email: _____

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Total _____

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SPONSORSHIP SELECTION

SIGN

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