

## **Annual ODHA Partnership**

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### **ANNUAL ODHA PARTNERSHIP**

**\$1,000**

- Logo recognition as an annual partner on ODHA.org home page and other main pages. ODHA.org realizes an average of 64,900 hits per month, based on a three-month average.
- Logo recognition as an annual partner in ODHA newsletters sent to full membership of approximately 550 dental hygiene professionals, faculty and students.
- Exhibitor Showcase in a premium position at the 2019 Oregon Dental Hygiene Conference on November 8-9, 2019 in Portland.
  - One exhibitor table including linen, skirt and chair
  - Logo recognition as annual sponsor in registration materials for attendees\*
  - Logo recognition as annual sponsor on event signage and materials
  - Lunch for one representative on both days
- Recognition at ODHA Conference.
- Opportunity to provide a 3 minute presentation to attendees at ODHA Conference.

## **Oregon Dental Hygiene Conference Partnership Opportunities**

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### **EXHIBITOR SHOWCASE**

**\$500**

- One exhibitor table including linen, skirt and chair
- Name recognition as exhibitor in registration materials for attendees\*
- Name recognition as exhibitor on event signage and materials\*
- Lunch for one representative on both days

*Space is limited*

### **BREAK HOSPITALITY SPONSOR**

**\$500**

*Two breaks offered each day. Student break and professional break opportunities available.*

- Sponsor of morning or afternoon snacks and beverages
- Logo recognition as sponsor on food and beverage tables
- Logo recognition as Hospitality Sponsor in registration materials for attendees\*
- Logo recognition as Hospitality Sponsor on event signage and materials\*
- Opportunity to distribute marketing handout at break station and registration desk

**BREAKFAST OR LUNCH PRESENTING SPONSOR****\$1,500**

*Three lunch opportunities available with differing attendance demographics including professional and students.*

- Logo recognition as sponsor on guest tables and food/beverage tables during lunch
- Logo recognition as Lunch Sponsor in registration materials for attendees\*
- Logo recognition as Lunch Sponsor on event signage and materials\*
- Opportunity to display banner or sign during breakfast or lunch
- Opportunity to include handout in registration packets to all attendees\*
- Opportunity for a representative to attend lunch and greet guests.

**WELCOME RECEPTION SPONSOR AND DENTAL HYGIENE CELEBRATION****\$1,500**

- Logo recognition as sponsor on food and beverage tables
- Logo recognition as sponsor on table signs during reception
- Opportunity for a representative to attend networking reception and greet guests.
- Logo recognition as Networking Reception Sponsor in registration materials for attendees\*
- Logo recognition as Networking Reception on event signage and materials\*
- Opportunity to include handout in registration packets to all attendees\*
- Sponsor will have opportunity to display banner or sign during reception

**CUSTOMIZED EXPOSURE SPONSORSHIP****\$250 + ITEM**

A customized sponsorship package providing branded exposure materials to conference attendees, courtesy of the sponsor. Items may be sponsored individually or in addition to another sponsorship opportunity. Both paid and in-kind opportunities available. Examples include: Lanyards, bags, name badges, registration gifts (coffee cups, jump drives, padfolios, notepads, pedometers, etc.), and more! **Sponsor must provide item to ODHA office no later than October 25, 2019.**

\*All materials must be received prior to deadlines:

*Registration materials — August 1*

*Event signage and materials — October 11*

*Registration packets — October 25*

**For more information and to confirm a sponsorship package, email [info@odha.org](mailto:info@odha.org)**

**Please list all information below as you would like it to appear in published materials.**

Company Contact \_\_\_\_\_  
Company Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Phone \_\_\_\_\_ Preferred Email \_\_\_\_\_

**I would like to secure the following sponsor partnership package:**

- |  |  |
|--|--|
| <input type="checkbox"/> Annual ODHA Partnership - \$1,000 | <input type="checkbox"/> Breakfast Sponsor - \$1,500         |
| <input type="checkbox"/> Exhibitor Showcase - \$500        | <input type="checkbox"/> Lunch Presenting Sponsor - \$1,500  |
| <input type="checkbox"/> Break Hospitality Sponsor - \$500 | <input type="checkbox"/> Welcome Reception Sponsor - \$1,500 |

**Exhibit Personnel: Name** \_\_\_\_\_ **Email** \_\_\_\_\_  
*(One person per table. Additional attendees must register.)*

**Sponsor Representative: Name** \_\_\_\_\_ **Email** \_\_\_\_\_  
*(One person per sponsorship. Additional attendees must register.)*

**Annual ODHA Partnership Sponsor:** Please indicate if you will or will not be providing a 3 minute presentation to attendees during the conference.  Yes  No

**Special Needs:** Please list special requirements (allergies, diets, accessibility, etc.) \_\_\_\_\_

**Sponsors** (*does not include exhibitors*): Please email your logo to the ODHA office for use in Conference materials as described in the Annual ODHA Partnership flier. Email to: dbaisden@odha.org

**Yes, I would like to donate to the Silent Auction!** | *Please complete the donation form on the next page; one form per item donated.*

**Payment Information**

Check is enclosed - *Please make checks payable to ODHA*  
 Visa/MasterCard  American Express  Discover Amt. Authorized \$ \_\_\_\_\_

**Note:** *Due to PCI compliance laws, we DO NOT accept credit card payments via email.*

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CCV \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Card Billing Address (required) \_\_\_\_\_

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

Email address for receipt \_\_\_\_\_

**Note:** *By submitting this form, Registrant agrees to grant ODHA and Update Management the right to photograph or video Registrant during participation in the conference. Registrant understands that any photographs or recordings may be used by ODHA and Update Management for marketing and promotional purposes, at their sole judgment and discretion, without compensation or credit to Registrant.*

**Register online @ odha.org or mail payment with completed form to:**  
**ODHA, 147 SE 102<sup>nd</sup> Ave., Portland, OR 97216 - or - Fax to 503.253.9172**

Please **complete one form for each auction item** you are donating and return to the ODHA office no later than **October 25, 2019** or register online.

Donor Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Estimated Value of item: \_\_\_\_\_

**ITEM DESCRIPTION**

**I am donating the below item to the ODHA Silent Auction!**

Please include description of the item and information that may be of special interest to the audience, i.e. made by an association member:

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**ITEM DELIVERY**

I will ship or deliver the auction item to arrive at the ODHA office by October 25, 2019.

I will bring the auction item to the registration desk no later than 8:00 am on Friday, November 8, 2019. My item will be ready for display. **(For planning purposes, please submit this form to ODHA office prior to Conference.)**

***Please wrap gift baskets, frame photos, and bring presentation items needed such as easels or table stands.***

***All baskets should have a list of contents attached – it's hard to see all items.***

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