

Third Party / Practice Management Seminar



Sheraton Hotel
8235 NE Airport Way
Portland, OR 97220

*We personally wish to invite your organization to participate as a supporter of this event. The **Third Party / Practice Management Seminar** is a unique opportunity to show your support and network with Oregon Optometrists and their staff. **Pease join us!***

Event Co-Support Opportunities

Platinum Level Support; includes inside area double exhibit table, presentation time, two display ads in OOPA newsletter— two editions.

Gold Level Support; includes inside area exhibit table, two display ads in OOPA newsletter — two editions.

Silver Level Support; includes inside area exhibit table, one display ad in OOPA newsletters.

Bronze Level Support; includes inside area exhibit table.

Supporter Level; includes hallway area exhibit table. *Five only available, first come first served—check with OOPA for availability.*

Exhibit Table Details

One 8' professionally draped table, Two chairs

Two company reps are included; additional reps may attend for \$50 per person.

Exhibit Hall—Friday Night

Friday - 4:30—9:30 PM Exhibit Hall
[set up 2:30 PM, tear down 9:30 PM]

Event Specific Sponsor Opportunities

Attendee Fri or Sat Breakfast – Event Sponsor; includes Exhibit Table, and presentation time.

Attendee Fri or Sat Lunch—Event Sponsor; includes Exhibit Table, and presentation time.

Exhibit Hall – Event Sponsor; includes Exhibit Table, and presentation time. [F & B during event]

Attendee Break—Fri or Sat morning

Education Sponsorships Also Available
Please contact OOPA for Details

Door Prizes

Absolutely! Bring your own “fish bowl” and collect business cards from our members, you may offer a door prize at the end of the day from your display table.

Security

OOPA will provide reasonable security during the event, but cannot be responsible for exhibitors' possessions. It remains the exhibitor's responsibility to protect his/her equipment and materials. OOPA assumes no liability for loss.

OOPA can not be held liable for events beyond its control, such as acts of God, government regulations, disasters or weather-related hazards, civil unrest, acts of terrorism, or any other emergency, making it inadvisable or impossible to hold the conference. OOPA will make every effort to inform participants of any cancellation as soon as possible to enable participants to cancel hotel and flight arrangements.

Mail participation form to: OOPA, 4404 SE King Road, Milwaukie, OR 97222 or Fax 503-659-4189

?? Questions ?? 800-922-2045 or Lynne@oregonoptometry.org



Industry Support Reg. Form

February 7-9, 2019

Third Party / Practice Management Seminar



Sheraton Hotel, Portland Airport
8235 NE Airport Way, Portland, OR 97220

Don't miss this opportunity to show YOUR support for Optometry!

Company Name: _____

Address: _____

City/State/Zip: _____

Contact Name/Email: _____

Rep Name/Email: _____

Rep Name/Email: _____

Seminar Support Opportunities	Amount	\$\$ Total
Platinum Level Support; includes inside area double exhibit table, presentation time, two display ads in OOPA newsletter— two editions.	\$4500	_____
Gold Level Support; includes inside area exhibit table, two display ads in OOPA newsletter — two editions.	\$3500	_____
Silver Level Support; includes inside area exhibit table, one display ad in OOPA newsletter.	\$2300	_____
Bronze Level Support; includes inside area exhibit table	\$1375	_____
Supporter Level; includes hallway area exhibit table. <i>5 spaces available, first come first served</i>	\$975	_____
Event Support Opportunities	Amount	\$\$ Total
Attendee Breakfast <input type="checkbox"/> Friday or <input type="checkbox"/> Saturday	\$3500	_____
Attendee Lunch <input type="checkbox"/> Friday or <input type="checkbox"/> Saturday	\$4000	_____
Friday Night Exhibit Hall [<i>food and beverage for event</i>]	\$3500	_____
Attendee Break <input type="checkbox"/> Friday AM <input type="checkbox"/> Saturday AM	\$1800	_____
Additional Reps at Exhibit Table [per person] Name(s): _____	\$100	_____
Name(s): _____ Total Event Support		\$ _____

Exhibit space is limited, availability is on a first come / first served basis. Payment in full secures your space. Fee includes; 8' draped table, two chairs, and two representatives. _____ Electricity (check if needed). Event supporters will receive recognition during the event in verbal and signage acknowledgement, as well as their logo and company name on all event distributed materials. Please submit company logo in jpeg format for publicity purposes.

Payment Information

Check enclosed \$ _____ [Preferred method of payment] Payable to Oregon Optometric Physicians Association (OOPA)

Credit Card: Acct#: _____ Exp. _____ CCV _____

Card holders name: _____ Signature: _____

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