



Oregon Dental Hygienists' Association presents...

## 2010 ODHA Annual Session and House of Delegates November 5-7, 2010 A-dec, Newberg, Oregon

### Sponsor Registration Information – 2010 ODHA House of Delegates

Contact Name(s) \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Sponsorship Options and Rates

- Banner Sponsor - \$1000** (deadline September 1<sup>st</sup>)  
Vendor Table  
Prominent Visibility in the main lobby and chamber  
Listing as a sponsor in all House of Delegates marketing materials  
6 month ODHA website ad (1 line of text and your logo with a link to your website on our front page!)  
1 attendee to the President's Reception
- President's Reception Sponsor - \$500** (deadline October 1<sup>st</sup>)  
1 Attendee to the President's Reception  
Opportunity to greet attendees at Reception  
Recognition in HOD materials  
30 day ODHA website ad (recognition of your sponsorship with a link to your website on our front page!)
- Exhibitor Booth - \$300**(deadline October 1<sup>st</sup>)  
Conference attendees will receive 1 hour of CE for visiting all vendor booths  
Opportunity to participate in Vendor Q&A event
- CE Course/Workshop Sponsor - \$300**(deadline October 1<sup>st</sup>)  
Acknowledgement of sponsorship at beginning of CE course  
Recognition in select HOD materials
- Annual Luncheon Sponsor - \$300**(deadline October 1<sup>st</sup>)  
Opportunity to greet attendees at luncheon  
1 attendee to luncheon  
Recognition in select HOD materials
- Meals and Entertainment**
  - Friday lunch \$15  x \_\_\_\_\_ Qty = \$ \_\_\_\_\_
  - President Dinner/Dance \$25  x \_\_\_\_\_ Qty = \$ \_\_\_\_\_
  - Saturday lunch \$15  x \_\_\_\_\_ Qty = \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

Please make checks payable to: "ODHA and send to 3340 Commercial St. SE, Ste. 210, Salem, OR 97302 or fax credit card payment to 503-585-8547. For more information call Sacha Lodge at 541.419.5726 or via email at serby82@hotmail.com.

Visa  Mastercard Number: \_\_\_\_\_ CID: \_\_\_\_\_ Exp: \_\_\_\_\_

Cardholder Address, State, Zip \_\_\_\_\_

Signature: \_\_\_\_\_