All RDH Celebration Sponsorship Opportunities

To register for a sponsorship, please complete the following form and return with payment to the ODHA office.

Individual Full Name ___________________________ Position Title ___________________________

Company Name (exactly as it should be listed; only ONE company per space) ___________________________

Mailing Address ___________________________ City ___________ State ___________ Zip ___________

Business Phone ___________________________ Website ___________________________

Email ___________________________________________________________________________________

SPONSORSHIP SELECTION:

Support the All RDH Celebration and help provide high energy snacks and refreshments required by the OCC catering contract.

Support Level

☐ $1000
  • Logo on Rotating Power Point
  • Social Media Promotion
  • Promo Table or Giveaway Opportunity
  • 3” x 5” Banner Hung

☐ $500
  • Social Media Promotion
  • Promo Table or Giveaway Opportunity
  • 3” x 5” Banner Hung

☐ $250
  • Promo Table or Giveaway Opportunity
  • 3” x 5” Banner Hung

Sponsorship Opportunities Total $________________________

The All RDH Celebration is on Saturday, April 4, 2020, at the Oregon Convention Center. Sponsorships must be paid in full and with a completed agreement form in order to begin. There are no refunds for canceled Sponsorship Packages. Sponsorships will be sold on a first-come, first served basis.

Registrant agrees to grant ODHA and Update Management the right to photograph or video Registrant during participation in the event. 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.

PAYMENT OPTIONS: Fax completed form to 503.253.9172

☐ Check - Payable to ODHA (US funds only). A form must be submitted to ODHA to confirm support; the check may follow.

Card: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card #_________________________ Exp. Date ___________ Amount Authorized $__________

Name on Card ___________________________ Signature ___________________________

Card Billing Address ___________________________ City ___________ State ___________ Zip ___________

Email card receipt to ___________________________ CVV ___________________________

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