



**31ST ANNUAL OREGON RURAL HEALTH CONFERENCE
&
6TH ANNUAL APPLE A DAY CAMPAIGN
FUNDRAISING DINNER & AUCTION**

Sponsorship Opportunities - 2014

**PLEASE NOTE: IF YOU PLAN TO EXHIBIT AT THE CONFERENCE IN ADDITION TO SPONSORING,
PLEASE ALSO SUBMIT THE EXHIBIT SPACE APPLICATION.**

SPONSORSHIP BENEFITS	Listing in conference program	Acknowledgement on student's nametag	Company name/logo displayed at breakfast tables	Group "thank you" banner	Placard with company name at each auction banquet table	Complimentary conference registration	Complimentary auction/dinner event registration	Advertisement inside printed conference program	Mention in conference & auction opening remarks	Complimentary conference exhibit table	Company logo** on conference tote	Individual banner with only YOUR company's sponsorship
Scholarship \$200***	√	√										
Provisions \$500	√		√									
Bronze \$1,000			√	√	√	1	1	¼ PAGE				
Silver \$2,500			√	√	√	1	2	½ PAGE	√	√		
Gold \$5,000			√	√	√	2	3	FULL PAGE	√	√	√	
Platinum \$10,000			√		√	3	5	FULL PAGE SPECIAL*	√	√	√	√

* Interior of front cover or interior or exterior of back cover

** Submit logos & advertisements in digital format via email to Eric Jordan at jordane@ohsu.edu. Logos must be received by August 22, 2014 and be in .jpg, .png or .pdf format and will be reproduced as one-color images.

*** Equal to full conference registration fees for one health care student

SPONSORSHIP SIGNUP - 2014

PLEASE SIGN US UP FOR THE FOLLOWING SPONSORSHIP(S):

PLATINUM SPONSOR - \$10,000 (\$8,675 may be tax deductible) \$ _____
GOLD SPONSOR - \$5,000 (\$3,970 may be tax deductible) \$ _____
SILVER SPONSOR - \$2,500 (\$1,705 may be tax deductible) \$ _____
BRONZE SPONSOR - \$1,000 (\$765 may be tax deductible) \$ _____
PROVISIONS CO-SPONSOR - \$500 (\$500 may be tax deductible) \$ _____
SCHOLARSHIP SPONSOR - \$200 (\$200 may be tax deductible) \$ _____
TOTAL SPONSORSHIP DOLLARS COMMITTED \$ _____

Sponsor Information

WILL YOU BE EXHIBITING? YES NO (IF "YES", PLEASE SUBMIT EXHIBIT SIGNUP FORM AS WELL)

CONTACT NAME

COMPANY NAME

ADDRESS

CITY STATE ZIP

CONTACT PHONE NUMBER

CONTACT E-MAIL ADDRESS

PLEASE SUBMIT THE SPONSORSHIP REGISTRATION FORM NO LATER THAN AUGUST 22. SPONSORSHIPS RECEIVED AFTER THIS DATE MAY NOT BE ELIGIBLE FOR ALL BENEFITS LISTED.

PAY BY CHECK:

Make check payable to:

OHSU Foundation

Mail to:

Oregon Office of Rural Health-L593
3181 SW Sam Jackson Pk Rd
Portland, OR 97239

PAY BY CREDIT CARD:

Fax to: 503-494-4798

Card #: _____

Exp date: _____ Security code on back of card _____

Name as it appears on card: _____

FOR MORE INFORMATION, CONTACT LINDA PEPLER:

503-494-4450

Email: peplerl@ohsu.edu



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