



**32<sup>ND</sup> ANNUAL OREGON RURAL HEALTH CONFERENCE  
&  
7<sup>TH</sup> ANNUAL APPLE A DAY CAMPAIGN  
FUNDRAISING DINNER & AUCTION**

## Sponsorship Opportunities - 2015

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

<b>SPONSORSHIP BENEFITS</b>	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
<b>Scholarship \$200***</b>	√	√										
<b>Provisions \$500</b>	√		√									
<b>Bronze \$1,000</b>			√	√	√	1	1	¼ PAGE				
<b>Silver \$2,500</b>			√	√	√	1	2	½ PAGE	√	√		
<b>Gold \$5,000</b>			√	√	√	2	3	FULL PAGE	√	√	√	
<b>Platinum \$10,000</b>			√		√	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](mailto:jordane@ohsu.edu). Logos must be received by August 21, 2015 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 - 2015

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 21. 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](mailto:peplerl@ohsu.edu)



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