

40th Annual Oregon Rural Health Conference

October 11-13, 2023
Sunriver Resort | Sunriver, OR



2023 Partnership Agreement

***Please choose your partnership level, fill out the billing information area, and email to Laura Potter | potterla@ohsu.edu.**

Presenting: \$9,000

(only 2 partnerships at this level are available)

- Your logo displayed on our event app at all times
- 3 customized push notifications to all participants
- 5 minutes to address conference attendees during a meal
- 3 complimentary registrations (value, \$975)
- 1 exhibitor table in the best location
- Company logo displayed on conference webpage and e-marketing
- Company logo on thank you slides and materials

Platinum: \$6,000

(3 partnerships at this level are available)

- 2 customized push notification to all participants
- 2 complimentary registrations (valued, \$650)
- 1 exhibitor table in an excellent location
- Company logo displayed on conference webpage and e-marketing
- Company logo on thank you slides and materials

Gold: \$5,000

- 2 complimentary registrations (value, \$650)
- 1 exhibitor table in a very good location
- Company logo on conference webpage and e-marketing
- Company logo on thank you slides and materials

Silver: \$2,500

- 2 complimentary registrations (value, \$650)
- 1 exhibitor table
- Company logo on conference webpage and e-marketing

Bronze: \$1,000

- 1 complimentary registration (value, \$325)
- 1 exhibitor table

Other Partnership Opportunities

Opening Reception Partner: \$4,000

Join ORH in welcoming conference participants to the opening night reception; acknowledgment on signage at door and at the bars

Keynote Partnership: \$4,000

Recognition at the event, signage on tables

Thursday Happy Hour Partnership: \$3,000

Recognition at the event, signage on tables

Coffee Break Partner: \$2,000

Recognition at the event, signage on tables

Friend of ORH: \$800

Recognition at the event, signage on tables

Customized Partnership

Contact Laura Potter at potterla@ohsu.edu to discuss your vision and pricing.

Billing Information

Name on payment card

Card number

Expiration date

Country

Address

City, State and ZIP Code

Email

Phone number

Check number – if paying by check.

***Please send me an invoice**