Industry Support Order Form

Annual Support & Ala-Carte Opportunities

Company Name: _____

Contact Name/Email: _____

Rep Name/Email: _____

Address:

_____

City/State/Zip:

_____

Industry Support Packages – 12 Month Annual Commitment

	Amount	Total
Platinum Level Annual Support – Exclusive Title Supporter	$20,000	_____
Banquet Support Package - Exclusive	$16,500	_____
Gold Level Annual Support	$15,000	_____
Silver Level Annual Support	$10,000	_____
Bronze Level Annual Support	$7,500	_____
Supporter Level Annual Support	$4,000	_____

Offering (Partner price qualifies with two or more ala-carte options)	Partner Price*	Ala Carte	Total
Attendee Breakfast: Fri, Sat, or Sun, speaking time – OR Mtg	$4,500	$5,000	_____
Attendee Lunch: Fri (Exhibit hall) or Sat, speaking time – OR Mtg	$5,000	$5,700	_____
Attendee Social Activity – Golf – OR Mtg	$3,000	$3,400	_____
Attendee Social Activity – Alternate activity – OR Mtg	$2,800	$3,200	_____
80 Branded Drink Tickets (logo included) – OR Mtg	$900	$1,200	_____
Reception Honoring Past Presidents *[prior to Sat banquet]* - OR Mtg	$3,500	$4,000	_____
Bottle of Red and White on banquet tables	$2,000	$2,500	_____
Social Media Spotlight	$275	$350	_____
OOPA Pride - Quarterly sponsor (only 4 available)	$600	$725	_____
6 Month Ad - Industry Slide Deck on Website	$950	$1,200	_____
Branded swag; lanyards or pens – OR Mtg	$750	$950	_____
Exhibit table – Feb Mtg	$1,400	$1,700	_____
Exhibit table – OR Mtg	$1,900	$2,200	_____
Speaking opportunity – Feb Mtg – 10 minutes	$1,800	$2,200	_____
Speaking opportunity – OR Mtg – 10 minutes	$2,500	$3,000	_____
Speaking opportunity – Board Dinner; Feb Mtg, OR Mtg, or GWCO – 10 mins	$4,500	$5,000	_____
Society Dinner; presentation time or demo or CE offering (exclusive support)	$1,700 – $5,000	Call OOPA	_____

* Check availability on banquet support options *

Payment information - Payable to Oregon Optometric Physicians Association

Check enclosed: $_____ **[Preferred method of payment]** **For credit card remittance a 4% processing fee will be applied*

Credit Card Acct#: _____ Exp.: _____ CCV: _____

Cardholder name: _____Signature: _____