



**OREGON SOCIETY OF ANESTHESIOLOGY**  
**2024 Annual Conference**  
**April 20, 2024 | OHSU Richardson Life Sciences Building**

**SPONSOR & EXHIBITOR REGISTRATION**

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Primary Contact \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**EXHIBITOR BADGE INFORMATION**

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

**SPONSOR & EXHIBITOR LEVELS**

<b>Lunch Sponsor &amp; Exhibitor Table - \$3,000</b>	<b>Breakfast Sponsor &amp; Exhibitor Table - \$2,000</b>	<b>Exhibitor Table \$1,500</b>	<b>Recruiter Table \$500</b>
<ul style="list-style-type: none"> <li>Name in program</li> <li>Table tents with your company logo</li> <li>One sign in eating/exhibitor area</li> <li>One email blast to registered attendees (your company to provide content)</li> <li>6-foot draped exhibit table</li> <li>Meals, snacks &amp; beverages for up to <u>four</u> representatives*</li> </ul> <p><i>*Additional representatives \$100 each</i></p>	<ul style="list-style-type: none"> <li>Name in program</li> <li>Table tents with your company logo</li> <li>One sign in eating/exhibitor area</li> <li>6-foot draped exhibit table</li> <li>Meals, snacks &amp; beverages for <u>two</u> representatives*</li> </ul> <p><i>*Additional representatives \$100 each</i></p>	<ul style="list-style-type: none"> <li>Name in program</li> <li>6-foot draped exhibit table</li> <li>Meals, snacks &amp; beverages for <u>two</u> representatives*</li> </ul> <p><i>*Additional representatives \$100 each</i></p>	<ul style="list-style-type: none"> <li>Name in program</li> <li>6-foot draped exhibit table</li> <li>Meals, snacks &amp; beverages for <u>one</u> representative*</li> </ul> <p><i>*Additional representatives \$100 each</i></p>
<input type="checkbox"/> <b>\$3,000</b>	<input type="checkbox"/> <b>\$2,000</b>	<input type="checkbox"/> <b>\$1,500</b>	<input type="checkbox"/> <b>\$500</b>

**Do you require electricity for your display?**  YES  NO

Please indicate any companies you do NOT want to be located next to [i.e., competitor] if possible:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Register Online or return this form and signed [Agreement for Commercial Support](#) with payment to 417 2<sup>nd</sup> Street, Ste 101 | Lake Oswego, OR 97034 or FAX forms to 503-210-1533.

**PAYMENT METHOD:**  Check Enclosed/Mailed  Credit Card **TOTAL ENCLOSED \$** \_\_\_\_\_

**\*Please add \$100 for each additional representative.**

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_ Zip \_\_\_\_\_

CANCELLATIONS will be charged a \$100 service fee. No refunds after April 5, 2024.  
 For questions, contact Shelley Shirley at 503-303-5071 or staff@daltonadvocacy.com.