



OPPORTUNITIES FOR SPONSORSHIP AT OHA CONFERENCES AND SEMINARS

SPONSORSHIP CONFIRMATION (Please Type or Print)			
Firm Name:			
Authorized Representative:			Title:
Authorized Signature:			
Mailing Address:			
City:	Province/State:		Postal/ZIP Code:
Telephone:		Fax:	
Email:		Website: http://	
CONFERENCE WHICH MY ORGANIZATION WOULD LIKE TO SPONSOR:			
Conference:			
TYPE OF SPONSORSHIP REQUESTED:			
<input type="checkbox"/> Silver	<input type="checkbox"/> Gold	<input type="checkbox"/> Platinum	<input type="checkbox"/> Diamond
Sponsorship Payment: \$	+7% GST \$	= TOTAL \$	GST Reg. R107797961
Name of representative attending the OHA Conference: (One complimentary registration available to Silver, Gold, Platinum & Diamond Sponsors)		Name of representative attending the OHA Conference: (Second complimentary registration available to Platinum & Diamond Sponsors)	
1. Name:		2. Name:	
Position:		Position:	
Email:		Email:	
Name of representative attending the OHA Conference: (Third complimentary registration available to Diamond Sponsors; Gold and Platinum Sponsors are eligible for half cost of member's registration fee)		Name of representative attending the OHA Conference: Additional registration (Diamond Sponsors, Gold and Platinum Sponsors are eligible for half cost of member's registration fee)	
3. Name:		4. Name:	
Position:		Position:	
Email:		Email:	
Please find enclosed:			
<input type="checkbox"/> Electronic copy of company logo	<input type="checkbox"/> Fifty word corporate info	<input type="checkbox"/> Payment	
<input type="checkbox"/> Please include my complete address on the OHA's Web Site (This is a complimentary service available to Gold, Platinum & Diamond Sponsors) http://www.oha.org			
Please send this form, supporting documents and your cheque payable to: Ontario Hospital Association, Educational Services, 200 Front Street West, Suite 2800, Toronto, Ontario Canada M5V 3L1 Tel: (416) 205-1362 Fax: (416) 205-1340			