



# Annual Partnership Form

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

## Annual Partnership Level:

2020 Annual Partner Levels

	Annual partnership cost	Logo on monthly meeting screen scroll before membership meeting	Logo on Website	Logo on Table Sign	2 Minute Commercial at any member meeting	1/2 page ad / Product News in bi-annual newsletters	Exhibitor Booth at Symposium	Lunch Symposium Sponsor	Breakfast Symposium Sponsor	5 Minute Commercial at Symposium	2 Attendees included for Symposium
Platinum	\$1,500	X	X	X	X	X	X	X		X	X
Gold**	\$1,000	X	X	X	X	X	X		X	X	
Silver**	\$750	X	X	X	X		X				
Bronze**	\$350	X	X	X							

\*If any Annual Partner elects to add on additional symposium sponsorships they would receive a 10% discount.

\*\*Annual Partners will receive member luncheon pricing for annual symposium.

## Partnership Level

Platinum     Gold     Silver     Bronze

## Payment Information

**Check** (payable and remittable to OKAHU)

**Credit Card:**     Visa     Mastercard     AMEX     Discover

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Credit Card Billing Address: \_\_\_\_\_

Name: \_\_\_\_\_  
(as it appears on credit card)

Cardholder's Signature: \_\_\_\_\_

This is to confirm my company's commitment for an annual Corporate Sponsorship. I confirm that I am an authorized representative for my company.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### Complete and submit Corporate Sponsorship form/payment to:

#### By Mail

OKAHU  
PO Box 12146  
Okla. City, OK 73157-2146

#### By Fax

(405) 552-8277

#### By Email

[Megan.n.hutton@icloud.com](mailto:Megan.n.hutton@icloud.com)

**Please also provide us with a camera-ready copy of your logo (jpg, gif, png, or tif format).**