

OREGON ASSOCIATION OF ORTHOPAEDIC SURGEONS

2023 Annual Orthopaedic Conference

October 20-21, 2023 | The Nines Hotel | Portland, OR

EXHIBITOR REGISTRATION

Company Name _____ Date _____

Primary Contact _____ Title _____

Address _____

City/State/Zip _____

Phone _____ E-mail _____

EXHIBITOR BADGE INFORMATION

Name _____ Email _____

Name _____ Email _____

EXHIBITOR LEVELS

| Platinum - Reception** | Gold | Silver |
|---|--|--|
| <ul style="list-style-type: none">• Company name in program• Choice of premier table location• One email blast to full OAOS membership, your content, forwarded from OAOS• Meeting room available on Friday• 6-foot draped table with power• Meals, snacks & beverages• Four representative badges*• Post attendee list• Access to general sessions• Company may provide branded merchandise to attendees• Invitation to Hosted Friday Reception• Logo/signage at bar• Logo on OAOS website <small>**Only one Platinum-Reception Sponsor will be allowed.</small> | <ul style="list-style-type: none">• Company name in program• Choice of table location• One email blast to full membership, your content, forwarded from OAOS• 6-foot draped table with power (if requested)• Meals, snacks & beverages• Two representative badges*• Post attendee list• Access to general sessions• Invitation to Hosted Friday Reception• Logo on OAOS website | <ul style="list-style-type: none">• Company name in program• 6-foot draped table with power (if requested)• Meals, snacks & beverages• One representative badge*• Post attendee list• Access to general sessions• Invitation to Hosted Friday Reception• Logo on OAOS website |
| <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$2,000 | <input type="checkbox"/> \$1,500 |

Do you need electricity for your display? YES NO

Please list any companies you do NOT want to be located next to.:

1. _____ 2. _____

Register Online or return this form and signed [Agreement for Commercial Support](#) with payment to OAOS | 417 2nd 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 BADGE*

Card # _____ Exp Date _____ CVV _____

Name on Card _____ Signature _____

CANCELLATIONS will be charged a \$100 service fee. No refunds after October 1, 2023.

For questions, contact Shelley Shirley at 503-303-5071 or Staff@OregonOrthopaedicSurgeons.com