

OREGON ASSOCIATION OF ORTHOPAEDIC SURGEONS
2024 Annual Orthopaedic Conference
November 1-2, 2024 | The Graduate Hotel | Eugene, OR

EXHIBITOR REGISTRATION

Company Name _____ Date _____

Primary Contact _____ Title _____

Address _____

City/State/Zip _____

Phone _____ E-mail _____

EXHIBITOR BADGE INFORMATION

Name _____ Email _____

Name _____ Email _____

Platinum Sponsor & Exhibitor	Gold Exhibitor	Silver Exhibitor
<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 • 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 • Sponsor of Friday Night Hosted Reception 	<ul style="list-style-type: none"> • Company name in program • Choice of table location • One email blast to attendees, 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* • Access to general sessions • Invitation to Hosted Friday Reception • Logo on OAOS website
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$2,500	<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 10, 2024.

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