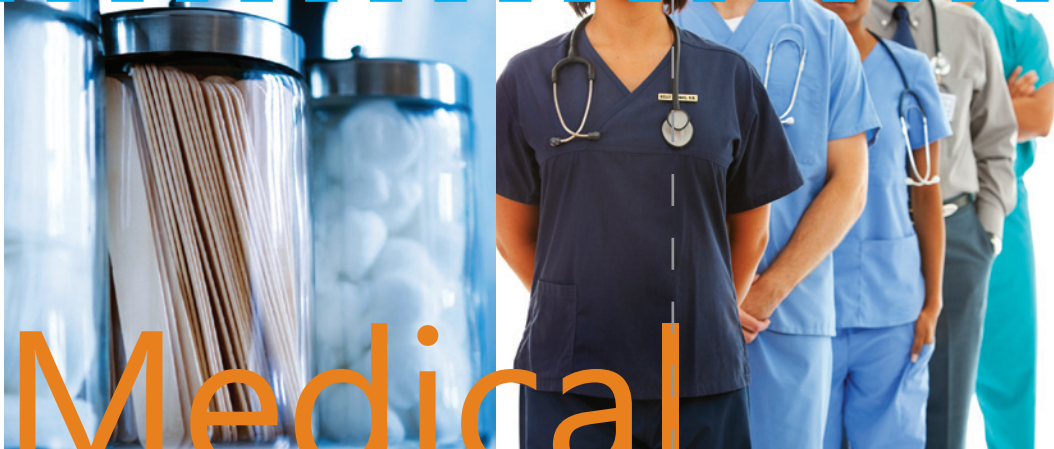


Oklahoma

State



Medical Association

ANNUAL MEETING

5750 Will Rogers Road
Midwest City, OK 73110
405-455-1800

APRIL

16-17
2010

EXHIBIT BOOTH INCLUDES:

Booth Furnishings & Specifics

- 8' x 8' In-line booth
- Draped back wall and side rails
- Company identification sign/booth number
- 2 chairs
- 6 foot draped table
- Trash receptacle
- Acknowledgment in the OSMA Annual Meeting official program
- Exhibitors/Sponsors signage throughout meeting space
- Hospitality provided throughout the meeting
- Ability to purchase pre and post-meeting mailing labels
- Pre and post meeting company listing in all OSMA communications with members.

| | | |
|-----------------------------|------------------|----------------------------------------------------------------------------------|
| Thursday, April 15th | 2:00pm - 4:00pm | Exhibitor Set-Up |
| Friday, April 16th | 7:00am - 6:00pm | Exhibits are Open |
| | 12:45am - 1:45pm | Luncheon (2 tickets provided, \$30 charge for extra tickets) |
| | 6:00pm | Exhibit Break Down |
| | 5:30pm - 7:00pm | OSMA Foundation Reception & Silent Auction - A chance to network with physicians |

Meeting Schedule

| | | |
|--------------------------------|------------------|--------------------------------------------------------|
| Thursday April 15th | 2:00pm - 4:00pm | Exhibitor Set-Up |
| Friday April 16th | 7:30am | Kick-off Breakfast |
| | 8:30am-12:30pm | OSMA CME Mock Trial: Medical Malpractice |
| | 8:30am | OSMA Alliance Past Presidents Breakfast |
| | 10:00am | OSMA Alliance House of Delegates |
| | 12:45pm-1:45pm | OSMA Legislative Luncheon |
| | 1:30pm-1:55pm | OAFP Registration |
| | 2:00pm | OSMA Board of Trustees |
| | 2:00pm-4:00pm | OAFP CME: Mental Health Update |
| | 5:00pm-6:00pm | OAFP Tutorial: Depression METRIC Module |
| | 5:30pm - 7:00pm | OSMA Foundation Reception & Silent Auction - No Charge |
| | 7:00pm - 11:00pm | OSMA/OSMAA Inaugural - \$75 |

SPONSORSHIP OPPORTUNITIES:

| | | |
|-----------------------------------|---------|---------------------|
| Refreshment Breaks | \$500 | 2 Available |
| Legislative Lunch | \$2,000 | |
| Awards Luncheon Sponsorship | \$2,000 | |
| General Sponsorship | \$500 | |
| OSMA House of Delegates Breakfast | \$1,500 | |
| Inaugural Table Sponsor | \$600 | 8 Inaugural Tickets |
| Inaugural Dinner Sponsor | \$4,000 | |
| Unrestricted | \$ 500+ | |

Please contact Stacie Sawvell at sawvell@okmed.org if you are interested in a sponsorship.

HOTEL INFORMATION

Hotel Reservations must be made directly with the Sheraton Midwest City Hotel. Please mention the Oklahoma State Medical Association by March 26th to receive the special group rate of \$124.

**Sheraton Midwest City Hotel at the Reed Conference Center • 5750 Will Rogers Road
Midwest City, Oklahoma 73110 • Phone: (405) 455-1800**

Upon receiving this contract additional information will be sent, including booth location, meeting schedule and other pertinent information.

Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Name of the person in charge of the booth: _____

PRODUCTS OR SERVICES EXHIBITING

To avoid placing competitors near one another, please list types of products and/or services you will be exhibiting:

EXHIBITOR PERSONNEL

Please list all company representatives who will be staffing your booth during the meeting. Please print clearly. This list will be used to prepare name badges. Two name badges are issued per booth.

Badge #1: _____ Badge #2: _____

INTERNET CONNECTION

Internet Connection _____ will _____ will not be needed at our booth. There will be a \$75 charge.

ELECTRICAL NEEDS

Electricity _____ will _____ will not be needed at our booth. There will be a \$20 charge.

What is the equipment? _____

BOOTH TOTAL

| | | | |
|-------|-----------------------|-------|----------------------------------------|
| _____ | \$1,000.00 - Regular | _____ | \$30.00 - Extra Lunches (two provided) |
| _____ | \$500.00 - Non-Profit | _____ | \$75.00 - Inaugural |
| _____ | \$20.00 - Electricity | _____ | = TOTAL |
| _____ | \$75.00 - Internet | | |

PAYMENT

CHECK: Please enclose a check, made payable to the OSMA, for the full payment amount. Partial payments are not accepted. Amount of check \$ _____

Signature of Authorized Representative: _____

Name (Please print): _____ Title: _____

CREDIT CARD: Please charge my payment in full to the credit card listed below. Partial payments are not accepted.

VISA MasterCard Discover AMEX

Signature of Authorized Card Holder: _____

Name appearing on card (Please print): _____

Card Number: _____ 3 digit security code: _____ Card Expiration Date: _____

OSMA Tax ID# 730384245

We thank you in advance for your consideration and for your support of organized medicine in Oklahoma.

PLEASE MAIL ORIGINAL CONTRACT AND PAYMENT IN ENCLOSED ENVELOPE TO:

Oklahoma State Medical Association, 313 NE 50th, Oklahoma City, Oklahoma, 73105

PLEASE CALL STACIE SAWVELL WITH ANY QUESTIONS OR CONCERNS:

405-601-9571 or 800.522.9452 sawvell@okmed.org/Fax 405-601-9575