



Conference Sponsor/Donor Application

Please complete this form and return it to OPRN with your payment. Sponsorships will be granted on a first-come, first-served basis.

Company Name: _____

Contact Name: _____

Mailing Address: _____

City, State Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

SPONSORSHIP/DONATION OPPORTUNITIES

- | | |
|--|----------|
| <input type="checkbox"/> Full-Day Conference Sponsor | \$ 1,000 |
| <input type="checkbox"/> Half-Day Conference Sponsor | \$ 500 |
| <input type="checkbox"/> Regional Gathering | \$ 250 |
| <i>(Please circle location preference, if you have one: NE OH, NW OH, Central OH, SW OH)</i> | |
| <input type="checkbox"/> Conference Scholarship | \$ 200 |
| <input type="checkbox"/> Past President Award | \$ 120 |
| <input type="checkbox"/> Distinguished Service Award | \$ 120 |
| <input type="checkbox"/> Item Donation/Raffle Prize | Free |

Type: _____

Total Amount Due \$ _____

Submit form to:
Mackensie D. Wittmer
Treasurer, OPRN
Wright State University
3640 Colonel Glenn Highway
Dayton, OH 45435

The undersigned agrees to abide by all Terms and Conditions as printed with this form.

Name _____ Title _____

Signature _____