

SAMPLE SPONSORSHIP PROSPECTUS — *INSERT EVENT NAME*

Call for Sponsors

On behalf of the (*insert Program Title Planning Committee*), we would like to invite you to participate as a sponsor for our 2019 event, taking place on **Date**, in **Location**.

The (*insert Physician Organization*) is proud to present this one-day course designed (*insert brief program description*) - **example of course description**: to provide health care professionals and family physicians with relevant and up-to-date information in geriatric care. This conference will also allow participants to meet and network with division members through plenary sessions and interactive small group workshops.

This is a must attend event for primary care physicians and other healthcare professionals. Event sponsorship provides institutions and organizations with high visibility and interaction with participants in an intimate setting. Funding provided assists in the development of an engaging and exciting event for all participants.

For a full list of the benefits included with sponsorship, please see the details below.

Questions? Please contact: (*insert contact's name, title, by phone or email*).

*Company name and level of sponsorship will be included in our conference brochure if sponsorship agreement is received prior to: (*insert date*)

	Gold \$	Silver \$	Bronze \$
Customize table/terms, accordingly			
EVENT SITE EXPOSURE			
Booth Space	8' X 8'	6ft table display	6ft table display
Floor Display Option for Booth	No restrictions	No restrictions	Roll Up Banner Only
EVENT PARTICIPATION AND HOSPITALITY			
Exhibitor Badges	3	2	1
Maximum Additional Badges for Purchase (\$500)	✓	✓	
Breakfast, Lunch and Two Nutritional Breaks	✓	✓	✓
Ability to Attend Academic Sessions	✓	✓	✓
MARKETING OPPORTUNITIES			
Verbal Acknowledgement During Opening Remarks	✓	✓	
Acknowledgement of sponsorship in daily email	✓	✓	
Acknowledgement on sign outside of meal room	✓		
Logo included in Conference Brochure*	✓	✓	✓
Logo Included in Participant Onsite Guide	✓	✓	✓
Logo Included on Splash Slides (During Breaks)	✓	✓	✓
Logo featured on scrolling add on Mobile App	✓		
Lifestyle Advertisement included in Participant Onsite Guide	Half Page	1/4 Page	

Not-for-profit rates are available for qualifying organizations. Please email (*insert contact's name*) for further details.

All representatives are welcome to attend conference sessions except they cannot participate according to accreditation requirements.

EVENT NAME

Please complete and return the sponsorship agreement form to:

Contact Name, Title, Physician Organization/Department, Email

Terms and Conditions:

As a sponsor of this educational event, we are responsible to review and comply with the ethics and policies identified by the [National Standard](#) and have referred to the required practices and processes that are provided on the University of Ottawa's Office of Continuing Professional Development's [Ethics and Policies](#) webpage.

We understand by submitting this agreement to (*insert Physician Organization, City*), that we are contractually obligated to guarantee payment prior to the conference dates. By signing this agreement, we are responsible for the amount of our selected sponsorship in exchange for the opportunities listed in the conference invitation letter. We understand that we cannot forfeit on our support once this agreement is signed. A signed agreement and payment must be received before the conference in order to ensure that name badges are ready for your company. All sponsors and exhibitors must agree to the terms and conditions, as well as the exhibit display guidelines.

Guidelines with regard to exhibit displays at the (*insert name of event*):

1) Product specific information can be provided with official indication and PAAB approval. 2) Non-Product specific information can be provided if the information is accurate educational information such as guidelines, dosing cards, Rx info. There should NOT be anecdotal information or off label promotional information. 3) Demonstration devices and apparatus (i.e. inhalers, glucose monitors) without product may be displayed. No product or placebo may be used in devices. 4) Baby and Supplemental feeding products will not be allowed. 5) No proprietary or over the counter items will be allowed. This will include pain medications, anti-histamines, mouthwash products etc. If you are not sure please check before the program. 6) Gift items of any sort (including candy, food or drinks) are not allowed. 7) Computer display screens without audio displaying educational information with official indication and PAAB approved may be displayed. 8) Product or Company marketing screens are allowed but shouldn't go beyond allotted table space. 9) Registrants will be encouraged by the event organizers to visit the exhibit booths. It is expected that Exhibitors remain at their booth during the refreshments breaks and do not actively engage in promotion of their company or product at any other time during the program.

Contact Name:

Organization:

Address:

Address 2:

Phone Number:

Email:

Sponsorship Fees: Gold (\$XXX) Silver (\$XXX) Bronze (\$XXX)
 Non-Profit (\$XXX) Additional Badge (\$XXX) Quantity: _____

In Kind Sponsorship In Kind

Supplies/Service Requested:

Payment Method Mastercard/Visa Cheque EFT

Signature: _____

Date: _____