



**'20 VIRTUAL ANNUAL WINTER UPDATE LIVE
REGISTRATION FORM**

Name (*indicate first and last*) _____ Company _____

Mailing Address (*indicate office residence*) _____ City _____ State _____ Zip Code _____

Telephone Number (*indicate office residence cell*) _____ E-Mail Address _____

EXHIBITOR OPPORTUNITY
(*circle appropriate fee*)

- | | Through 11/6/20 | After 11/6/20 |
|--|------------------------|----------------------|
| <input type="checkbox"/> Listing on exhibitor page of virtual website: <ul style="list-style-type: none">• company logo (300 pixels)• brief description of services (3 – 4 sentences)• MP4 video/presentation (20 – 30 seconds)• contact information (name, email address, cell phone number)• link to YOUR company website or landing page• access to list of pre-registered attendees two weeks before event• access to list of registered attendees two weeks after event | \$700 | \$750 |

ADVERTISER OPPORTUNITIES
(*circle appropriate fee*)

- | | Through 11/6/20 | After 11/6/20 |
|--|------------------------|----------------------|
| <input type="checkbox"/> Full page ad on advertiser page of virtual website (7 ½ x 10, color): <ul style="list-style-type: none">• camera-ready art in pdf and jpg formats | \$275 | \$325 |
| <input type="checkbox"/> Dedicated video ad spot during a break: <ul style="list-style-type: none">• MP4 video/presentation (2 minutes)• link to YOUR company website or landing page | \$275 | \$325 |

GRANTOR OPPORTUNITY
(*circle appropriate fee*)

- | | Through 11/6/20 | After 11/6/20 |
|--|------------------------|----------------------|
| <input type="checkbox"/> Recognition as an event partner on landing page of virtual website: <ul style="list-style-type: none">• Company logo (300 pixels) on landing page of virtual website• Listing on exhibitor page of virtual website• Full page ad on advertiser page of virtual website (7 ½ x 10, color)• Up to 3 dedicated video ad spots during breaks | \$1,500 | \$1,550 |
- Check (*made payable to IOA*) enclosed.
- Charge to: Visa Mastercard Discover American Express

Card Number _____ Expiration Date CVC Number _____ Authorized Signature _____

MAIL REGISTRATION FORM WITH PAYMENT TO:
Indiana Osteopathic Association
3200 Cold Spring Road
Michael A. Evans Center for Health Sciences, Suite 107
Indianapolis, IN 46222-1997.

QUESTIONS?
Call (317) 926-3009 or send an email message to info@inosteo.org.

SPECIAL NEEDS?
Contact the IOA before November 6, 2020, if possible.