



**2021 VIRTUAL ANNUAL WINTER UPDATE
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 11/5/21 | After 11/5/21 |
|--|------------------------|----------------------|
| <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• visiting with physicians through an optional live interactive link that YOU provide, such as Zoom or Webex | \$700 | \$750 |

ADVERTISER OPPORTUNITIES
(*circle appropriate fee*)

- | | Through 11/5/21 | After 11/5/21 |
|--|------------------------|----------------------|
| <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 11/5/21 | After 11/5/21 |
|--|------------------------|----------------------|
| <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 (MUST BE RECEIVED NO LATER THAN FRIDAY, NOVEMBER 19)

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 5, 2021, if possible.