2018 Pain Management Symposium

Conference Information
The objective of the “2018 Pain Management Symposium” is to enhance the knowledge of health care providers, thereby improving patient care. Participants in the 2018 Pain Management Symposium will become aware of new updates in Pain Management treatment and practice and gain a better understanding of the variety of patient types and conditions seen in the multiple patient care settings in urban and rural areas.

Conference Schedule
• Breakfast 7:15 a.m. – 8:00 a.m.
• General Sessions
• Lunch 12:00 p.m. – 1:00 p.m.
• General Sessions

Sponsorship Options

$1,000 – Lunch Sponsor
• Lunch Sponsor – signage on refreshment tables
• Name listed as a sponsor in conference program
• Logo listed on Digi-signs throughout conference venue
• Logo on sponsor section on conference website

$550 – Breakfast Sponsor
• Breakfast Sponsor – signage on refreshment tables
• Name listed as a sponsor in conference program
• Logo listed on Digi-signs throughout conference venue
• Logo on sponsor section on conference website
Sponsor Application and Agreement
OSU College of Osteopathic Medicine - Continuing Medical Education Office
2018 Pain Management Symposium | July 28, 2018
A.R. and Marylouise Tandy Medical Academic Building - Tulsa, OK

Sponsor Options: Please check all that apply*
Exhibit Cost:  □ $1,000 (Lunch Sponsor)  □ $550 (Breakfast Sponsor)  □ $250 (Break Sponsor)

*OSU-CME reserves the right to review/approve all sponsorship requests

Sponsor Information: Please type or print
Contact Name:_____________________________________________________________________________
Company:_________________________________________________________________________________
Mailing Address:____________________________________________________________________________
E-mail:_____________________________________________________________________________________
City: __________________________________ State: __________________ Zip: _____________________________
Cell/Office Phone: (_____) __________________________ Fax: (___) _________________________________

Exhibitor Agreement:
This application constitutes an understanding and agreement to comply with the OSU-COM exhibit guidelines as stated in this prospectus.
Name: ______________________________ Company: ______________________________
Signature: ____________________________ Date: _________________________________

Please keep a copy of this form for your files.
Questions: 1-800-274-1972 or ashley.groom@okstate.edu

Submit to: OSU-COM CME Office with form of payment and company’s logo by June 29 to secure your sponsorship.
FAX: 918-561-1433  Mail: OSU-COM
CME Office
1111 W. 17th St.
Tulsa, OK 74107-1898

Sponsorship will not be reserved until signed application and payment are received.
Cancellations will not be eligible for a refund.

Sponsor Fee: Payment Information
Credit card:  □ Visa   □ MasterCard   □ American Express   □ Discover Card
Amount: $ __________ Credit card number: __________________________
Exp. date: __________ Security code (3 digits) : __________

□ Check # ________ in the amount of: $ __________
Make checks payable to OSU-COM,
Federal Tax ID #73-1383996.