CME Office
2019 Pain Management Symposium
July 27, 2019
A.R. & Marylouise Tandy Medical Academic Building
Tulsa, OK
JOIN US!

The objective of the 2019 Pain Management Symposium is to enhance the knowledge of health care providers, thereby improving patient care. Participants in the 2019 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.

2018 Pain Management Symposium Statistics

43% of Attendees are in Family Practice

More than 80% in State Physicians

70 Registered Participants

Saturday, July 27 Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>7:00 – 8:00 a.m.</td>
<td>Breakfast</td>
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<tr>
<td>8:00 a.m. – 12:15 p.m.</td>
<td>General Session</td>
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<tr>
<td>12:15 – 1:15 p.m.</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:15 – 4:30 p.m.</td>
<td>General Session</td>
</tr>
</tbody>
</table>

Sponsorship Opportunities

- 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.
- Featured in OSU-CME monthly newsletter.

Breakfast Buffet – $750
Lunch Buffet – $1,250
Afternoon Break – $500
Charging Station – $500
Sponsorship Application and Agreement

Oklahoma State University College of Osteopathic Medicine | Continuing Medical Education Office

Sponsorship Opportunities: (Please check all that apply)

Breakfast Buffet: ☐ $750       Lunch Buffet: ☐ $1,250
Afternoon Break: ☐ $500       Charging Station: ☐ $500

Company Information (Please print) *If you would like your company logo used please provide in electronic form.

Contact Name: _______________________________________________________________________________

Company: ___________________________________________________________________________________

Mailing Address: ______________________________________________________________________________

City: ___________________________ State: ___________________ Zip: ______________________

Cell/Office Phone: (_____) ___________________________ E-mail: ___________________________________

Names for exhibitor badge(s).
1. ____________________  2. ____________________  3. ____________________  4. ____________________

Sponsor Agreement

This application constitutes an understanding and agreement to comply with the OSU-COM sponsor 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 osu.cme@okstate.edu

Submit to: OSU-COM CME Office with form of payment and company logo in electronic form by July 12, 2019.

Fax: 918-561-1433                Mail: OSU-COM
CME Office
1111 W. 17th St.
Tulsa, OK 74107-1898

Sponsors will wnot be reserved until signed application and payment are received.
Cancellations made after July 19, 2019 will not be eligible for a refund.

Payment Information

Credit card:  ☐ Visa  ☐ MasterCard  ☐ American Express  ☐ Discover

☐ Check #____________ in the amount of $___________

Please make checks payable to OSU-COM, Federal Tax ID #73-1383996.

Amount: $____________ Card number: ____________________________