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

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>43%</td>
<td>43% of Attendees are in Family Practice</td>
</tr>
<tr>
<td>More than 80%</td>
<td>More than 80% in State Physicians</td>
</tr>
<tr>
<td>70</td>
<td>70 Registered Participants</td>
</tr>
</tbody>
</table>

Saturday, July 27 Schedule

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

<table>
<thead>
<tr>
<th>Sponsorship</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast Buffet</td>
<td>$750</td>
</tr>
<tr>
<td>Lunch Buffet</td>
<td>$1,250</td>
</tr>
<tr>
<td>Afternoon Break</td>
<td>$500</td>
</tr>
<tr>
<td>Charging Station</td>
<td>$500</td>
</tr>
</tbody>
</table>
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.

- The purpose of the program is educational and not promotional.

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

Payment Information

☐ Check # ___________ in the amount of $___________

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

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

Amount: $_______ Card number: ____________________________ Exp. Date: ________ CVC: _______