



Oklahoma Statewide Autism Conference



SPONSORSHIP OPPORTUNITIES

November 6-7, 2009

**Embassy Suites Norman – Hotel & Conference Center
Norman, Oklahoma**

Oklahoma Statewide Autism Conference, November 6-7, 2009, Embassy Suites Norman – Hotel and Conference Center, Norman, Oklahoma
c/o Oklahoma Autism Network, Tolbert Center for Developmental Disabilities, University of Oklahoma Health Sciences Center
1600 North Phillips Avenue, Oklahoma City, Oklahoma 73104
www.okautism.org • Toll-free (877) 228.8476 • Local (405) 271-7476 • Fax (405) 271-1707 • Email: okautism@ouhsc.edu

Together • Information • Momentum • Empowered





Conference Sponsorship Levels

Diamond \$7500

- Complimentary sponsorship link on the conference website for 6 months *
- Inside cover ** full-page advertisement in the conference program
- Announcements to conference attendees
- Special recognition as Diamond Sponsor in conference program
- Two exhibit spaces
- Four conference registrations
- Priority placement on conference signage

Platinum \$5000

- Complimentary sponsorship link on the conference website for 6 months *
- One full-page ** advertisement in the conference program
- Announcements to conference attendees
- Special recognition as Platinum Sponsor in conference program
- Two exhibit spaces
- Four conference registrations
- Priority placement on conference signage

Gold \$3000

- Complimentary sponsorship link on the conference website for 6 months *
- One half-page ** advertisement in the conference program
- Announcements to conference attendees
- Special recognition as Gold Sponsor in conference program
- Two exhibit spaces
- Three conference registrations
- Placement on conference signage



Silver \$1000

- Two exhibit spaces
- One half-page black and white advertisement in the conference program
- Special recognition as Silver Sponsor in conference program
- Placement on conference signage

Bronze \$500

- One exhibit space
- One ¼ page black and white advertisement in conference program
- Special recognition as Bronze Sponsor in conference program
- Placement on conference signage

Printing Services \$7500

Provides printing services for conference program, posters, mailings, and other materials.

- Complimentary sponsorship link on the conference website for 6 months *
- Inside cover ** full-page advertisement in the conference program
- Announcements to conference attendees
- Special recognition as Printing Services Sponsor in conference program and registration table
- Two exhibit spaces
- Four conference registrations
- Priority placement on conference signage

Conference Bags and Badges \$7500

Provides durable bags to contain conference schedule and other materials for participants. Sponsor logo featured on one side of bag, opposite conference logo. Provides conference name badges. Sponsor logo featured on one side of badge, opposite conference logo.

- Complimentary sponsorship link on the conference website for 6 months *
- Inside cover ** full-page advertisement in the conference program
- Announcements to conference attendees
- Special recognition as Bags and Badges Sponsor in conference program and registration table
- Two exhibit spaces
- Four conference registrations
- Priority placement on conference signage

*The OU Foundation is a 501c3 non-profit organization.
The value of your sponsorship less the estimated value of your
benefit is a tax-deductible donation.*

* Sponsorship link on the conference website for 6 months (3 months before/3 month after)

** or next best placement

Gifts

Support the Conference with a Gift

Gifts in any amount to support the conference are appreciated. The OU Foundation is a 501c3 non-profit organization. Your gift is a tax-deductible donation.

Support the Conference with a Scholarship

A gift of \$100 provides a scholarship for a family member affected by autism who might not otherwise be able to attend. The OU Foundation is a 501c3 non-profit organization. Your gift is a tax-deductible donation.

Exhibitor / Vendor Opportunities

Exhibition Hall Booth \$250

Provides the opportunity to share products, information and materials with conference attendees. Introduce new products, give demonstrations, distribute samples and make new client/customer contacts.

Exhibitors receive one 6 or 8 ft covered, skirted table suitable for trade show display, an identification sign, wastebasket, and two chairs. Electricity is available upon request. See Exhibitor / Vendor Agreement for more details.



Oklahoma Statewide Autism Conference



Corporate Sponsorship Agreement

Name of Company /Organization: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Sponsorship Level:

- | | |
|---|---|
| _____ Diamond \$7500 (\$6484 tax deductible) | _____ Bronze \$500 (\$250 tax deductible) |
| _____ Platinum \$5000 (\$3984 tax deductible) | _____ Printing Services \$7500 (\$6484 tax deductible) |
| _____ Gold \$3000 (\$2113 tax deductible) | _____ Conference Bags and Badges \$7500 (\$6484 tax deductible) |
| _____ Silver \$1000 (\$500 tax deductible) | |

Checks:

Submit this form to Oklahoma Autism Network with a check payable to the OU Foundation, Inc. On the memo line include Fund # 50828. Enclosed check in the amount of _____

Credit Cards:

If you are paying with a credit card, complete all information and sign for authorization for payment to the OU Foundation, Inc., Fund #50828.

Please bill the following credit card:

- | | |
|---|-------------------------------|
| <input type="checkbox"/> American Express | Credit Card Number _____ |
| <input type="checkbox"/> Master Card | Security Code _____ |
| <input type="checkbox"/> Visa | Cardholder Name (print) _____ |
| <input type="checkbox"/> Discover | Expiration Date _____ |
| | Cardholder Signature _____ |
- Please have a representative contact me to get the card number and security code.

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Exhibitor / Vendor Space Options:

Sponsors wishing to exhibit must complete and submit Exhibitor / Vendor Terms and Conditions form.

Name on Booth Sign: _____

Product / Service to be displayed / sold: _____

- We do not wish to use the exhibit space provided as part of the sponsorship level
 We do not wish to use the conference registrations provided as part of the sponsorship level

Waiving your use of exhibit space and/or conference registrations increases the value of your tax-deductible donation. The value of each exhibit space is \$250. The value of each professional registration is \$129.

Conference Program:

All sponsors receiving benefits including the use of their logo must email their logo in .jpg format to julie-smith@ouhsc.edu upon submission of this agreement. All efforts will be made to include this logo and company name in the 2009 Oklahoma Statewide Autism Conference per the level of described benefits, but no guarantee is made or implied. Date set for inclusion in promotional materials is October 2, 2009.

Return Application:

Julie D. Smith

Oklahoma Autism Network, Department of Rehabilitation Sciences,
College of Allied Health, University of Oklahoma Health Sciences Center
1600 North Phillips, Oklahoma City, OK 73104

Phone: 405.271.7476

Toll Free: 877.228.8476

Fax: 405.271.1707

Email: julie-smith@ouhsc.edu

The value of your sponsorship less the estimated value of your benefit is a tax-deductible donation to the OU Foundation, a 501c3 non-profit organization. Thank you for your support!



Oklahoma Statewide Autism Conference



Gift Agreement

Name of Company /Organization: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Gifts:

_____ Gift to support the conference _____ Scholarship for a family member \$100 each

Checks:

Submit this form to Oklahoma Autism Network with a check payable to the OU Foundation, Inc. On the memo line include Fund # 50828. Enclosed check in the amount of _____

Credit Cards:

If you are paying with a credit card, complete all information and sign for authorization for payment to the OU Foundation, Inc., Fund #50828.

Please bill the following credit card:

American Express Credit Card Number _____

Master Card Security Code _____

Visa Cardholder Name (print) _____

Discover Expiration Date _____

Cardholder Signature _____

Please have a representative contact me to get the card number and security code.



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Your gift is a tax-deductible donation to the OU Foundation, a 501c3 non-profit organization. Thank you for your support!



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Exhibitor / Vendor Agreement

Exhibiting Company / Organization: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name on Booth Sign: _____

Product / Service to be displayed / sold: _____

Exhibit Hall Booth cost: \$250

Checks:

Submit this form to Oklahoma Autism Network with a check payable to the OUHSC Department of Rehabilitation Sciences - Oklahoma Autism Network. Please note that this application should be mailed with check. Enclosed check in the amount of _____

Credit Cards:

If you are paying with a credit card, complete all information and sign for authorization for payment to the OUHSC Department of Rehabilitation Sciences - Oklahoma Autism Network.

Please bill the following credit card:

American Express Credit Card Number _____

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Exhibit space is limited and reserved on a first-come, first served basis. Deadline for participation in the exhibit/vendor opportunity is October 2, 2009. No refunds will be issued upon cancellation.

Signature of Authorized Representative: _____ **Date:** _____

Exhibitor / Vendor Terms and Conditions

1. **Exhibit Space Description:** Each exhibit space includes a 6 foot or 8 foot skirted table with two chairs, an identification sign, and a wastebasket in the designated exhibitor / vendor area of the Embassy Suites Norman – Hotel and Conference Center. Electricity is available upon request.
2. **Exhibit Setup and Dismantle:** Exhibit setup will be on November 6, 2009 starting at 6:30 am at the Embassy Suites Norman – Hotel and Conference Center. Exhibits will open on November 6 and 7 from 8:00 am to 5:00 pm. Dismantling must be complete by 6:30 pm on Saturday, November 7, 2009.
3. **Exhibit Storage:** Due to the layout of Hotel, storage space is not available for display material and/or show merchandise. All related equipment, crates, trash, etc. must be removed from the premises no later than 6:30 pm on Saturday, November 7, 2009.
4. **Breaks:** Breaks will be in the exhibit area.
5. **Payment for Exhibit Space:** Credit cards or Checks are accepted. If paying with a check, mail application with check. Do not mail checks separately.
6. **Assignment of Exhibit Space:** After your application is received and payment confirmed, our office will provide you with your exhibit space number.
7. **Host of the Conference:** The Embassy Suites Norman – Hotel & Conference Center will be the host for the first Oklahoma Statewide Autism Conference. Please make your lodging reservations by calling (405) 364-8040 or at <http://norman.embassysuites.com>. Ask for the conference rates.
8. **Right to Refuse:** The Oklahoma Statewide Conference reserves the right to refuse exhibitor / vendor space.
9. **Hold Harmless Clause:** Exhibitor or third party representative shall be fully responsible to pay for any and all claims and damages and agrees to indemnify the Embassy Suites Norman-Hotel and Conference Center, the Board of Regents of the University of Oklahoma, and the Oklahoma State Department of Education, their owners or managers, for such claims or damages which result from any act or omission of Exhibitor or third party representative. Exhibitor or third party representative also agree to defend, indemnify and hold harmless Embassy Suites Norman-Hotel & Conference Center, the Board of Regents of the University of Oklahoma, the Oklahoma State Department of Education, and their respective owners, managers, officers or directors, agents, employees, subsidiaries and affiliates, from any damages or charges resulting from their use of the property, including attorney fees and expense. Exhibitor's or third party representative's liability shall include, without limitation, all losses, costs, damages, or expenses arising from or out of or by reason of any accident, property damage, bodily injury or other occurrences to any person or persons or property, including the Exhibitor or third party representative, its agents, employees, and business invitees which arise from or out of the Exhibitor's or third party representative's occupancy and use of the exhibition premises, Hotel or any part thereof.

Signature: _____

Date: _____