

2023 North West Point of Care Conference Sponsorship

Date: Oct 5th and 6th

Sponsor Representative:	
Company	
Address	
City/State/Zip	
Contact number	
Email	

How many total representatives from your company will attend the conference: ______

Names of additional representatives:

Sponsorship Description:

- Table and chairs to use to display company info/supplies/instrumentation
- Recognition
 - o Email Communications to NW POCT group
 - At conference
 - Online invite (sponsor page) website
- Company Logo* and listing included at registration table and incorporated throughout conference.
- Summary description of your company in the conference program
- Ability for a short company-specific presentation during conference \$\$
- Ability to include sponsor branding with conference swag, table centerpieces, etc.** \$\$
- Other options available if not listed. \$\$

*Sponsor must provide company logo to Christin Maurer

** Items would need to be provided by company in advance

- Do you need an outlet (yes/no): _____ (limited outlets available)
- Provide a raffle prize (yes/No) _______
- Provide a speaker (Yes/No)*______

*Speaker: see list of member speaker requests. Please provide speaker details in email to christin.maurer@providence.org

Sponsorship: (\$1000-1750) ______ (communicate with Christin Maurer prior to final cost, to ensure all needs are met

Checks payable to: NW POCT

Mail to: NW POCT c/o Christin Maurer

16027 SW Westminster Dr Portland OR, 97224