

SPONSOR INFORMATION

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Name as it appears on card (please print)	CVV-code
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Authorized Signature—I hereby agree to the terms a card issuer agreement.	nd conditions of my

2017 OPGMA Congress Sponsorship Form

January 16-18, 2017 | Kalahari Resorts, Sandusky, Ohio

Please indicate your	level of sponsorship below:
	ibitor Welcome Station
exhibit hall- I	00 rnoon beverage break in Rockford Package Supply ning beverage break- AgCredit
Tuesday after Gowan Comp	noon beverage break- The any
Ohio 4' x 4' fu	norning beverage break- Kova of ull-color floor decal placed at ow entrance/hallway
☐ Bronze Sponsor - \$ Sponsor	250 ship of an Educational Session
Advertisements in the	Printed Program
vertical 3 1/2" X 9 3/	'4" (full page) \$190
vertical 3 1/2" X 4 3/4	4 (half page) \$150
COMPLIMENTAR	RY REGISTRATION
Number of registrations	s based on sponsorship level
First Name	Last Name

Fax: 614-221-1989

^{*}Please send hi-res logo to opgma@assnoffices.com