A poster for a charity conference

Description automatically generated

**SPONSORSHIP PACKET**

**A poster for a charity event

Description automatically generated**A poster for a charity conference

Description automatically generated

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| **Date:** Thursday, August 15, 2024  **Place:** Crossings Community Center  10255 N Pennsylvania Ave, The Village, OK 73120  **Time:** 9 a.m. – 4 p.m. CDT  The **Oklahoma Charitable Clinic Association** was organized in 2011 with the mission to support and strengthen the more than 60 charitable clinics in our state with collaborative efforts that improve the health of vulnerable Oklahomans.  As a 501(c)3 nonprofit, one of the ways we meet this objective is through our **statewide conference,** which provides networking, educational and informational opportunities.  If you are a nonprofit, state agency, or business that can provide products, services or information to charitable clinics or their patients, **please support this effort by sponsoring an exhibit booth** during the conference.  **Your conference sponsorship at any level** will ensure we have the funds necessary to conduct an effective conference *and* to provide services year-round to our clinic members.  ***Thank you for your support!*** |  | **2024 CONFERENCE SPONSORSHIPS**  **Gold Sponsor $2,000**   * Sponsorship of one general session (including a 3-minute speech by your representative) * Four complimentary individual conference registrations (including lunch) * Ad in program; Logo & name billing on select conference materials * One exhibit table (including electricity, if requested)   **Silver Sponsor $1,000**   * Sponsorship of a breakout session (including 3-minute speech) * Three complimentary individual conference registrations (including lunch) * Ad in program; Logo & name billing on select conference materials * One exhibit table (including electricity, if requested)   **Bronze Sponsor $500**   * Two complimentary individual conference registrations (including lunch) * Ad in program; Name billing on select conference materials * One exhibit table (including electricity, if requested)   **TO PURCHASE SPONSORSHIPS OR EXHIBIT TABLES:**  Please fill out the sponsorship registration form on page two of this document. You have the option to pay by credit card or mail a check.  **FOR MORE INFORMATION, PLEASE CONTACT:**  Contact: Amber Hasty, Health Alliance for the Uninsured  Email: [amber.hasty@hauonline.org](mailto:amber.hasty@hauonline.org) |
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**2024 Oklahoma Charitable Clinic Association Conference**

**Thursday, August 15, 2024**

**EXHIBITOR/SPONSOR APPLICATION**

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE SELECT YOUR LEVEL OF SPONSORSHIP:**

\_\_\_\_ Gold - $2,000

\_\_\_\_ Silver- $1,000

\_\_\_\_ Bronze- $500

PAYMENT INFORMATION:

Total Payment: $\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ Check Enclosed: Payable to: **Health Alliance for the Uninsured**

\_\_\_\_\_\_\_ Charge to Credit Card below or online at [www.hauonline.org/donate](http://www.hauonline.org/donate)

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Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Credit Card: \_\_\_\_\_\_ VISA \_\_\_\_\_\_ AMEX \_\_\_\_\_\_ MASTERCARD Security Code: \_\_\_\_\_\_\_\_\_

**PLEASE RETURN THIS FORM TO:   
Health Alliance for the Uninsured, 3000 United Founders Blvd Suite 219 Oklahoma City, OK 73112**

**Fax: 405-286-3349**

**Email: amber.hasty@hauonline.org**