

# 2010 Annual Convention & Trade Show

Reach more than 150 health plan decision-makers at this two-day convention! Members attend our two-day convention and trade show to discover the latest information, products, resources and ideas in administering health care benefits. This year's convention will be held May 25 and 26 at The Columbus, A Renaissance Hotel. Be a part of the solution by sponsoring this year's event!

## Tentative Agenda

### TUESDAY, MAY 25, 2010

9:00 a.m. – 10:30 a.m. ....Exhibit Set-Up  
10:00 a.m. – 10:30 a.m. ....Exhibitor & Sponsor Registration  
10:30 a.m. – 11:30 a.m. ....Attendee Registration/Meet the Exhibitors  
11:30 a.m. – 12:45 p.m. ....Opening General Session  
12:45 p.m. – 1:15 p.m. ....Dessert with Exhibitors  
1:15 p.m. – 2:30 p.m. ....Breakout Sessions  
2:30 p.m. – 4:00 p.m. ....General Session  
5:00 p.m. – 7:00 p.m. ....OAHP Legislative Reception at The Ohio Statehouse  
(All Exhibitors and Sponsors are invited to attend)

### WEDNESDAY, MAY 26, 2010

8:00 a.m. – 9:00 a.m. ....Breakfast with the Exhibitors  
9:00 a.m. – 10:00 a.m. ....General Session  
10:00 a.m. – 10:15 a.m. ....Break with Exhibitors  
10:15 a.m. – 11:30 a.m. ....Breakout Sessions  
11:30 a.m. – 12:45 p.m. ....Convention Luncheon & Best Practices Awards  
12:45 p.m. – 1:00 p.m. ....Dessert with Exhibitors  
1:00 p.m. – 2:00 p.m. ....Closing General Session  
2:00 p.m. ....Drawing for Raffle Prizes  
2:00 p.m. – 4:00 p.m. ....Exhibitor Tear Down

# Annual Convention Sponsorship Levels

BENEFITS	SPONSOR LEVEL REWARDS								
	Table Top Display	Standard Booth	Refreshment or Breakfast Sponsor	Pinnacle Awards Sponsor	Name Badge, Notebook, Registration or Convention Bag Sponsor	Lunch Sponsor	Keynote Speaker Sponsor	Legislative Reception Sponsor	Convention Co-Sponsor
1 registration and chair	✓								
2 registrations and 2 chairs		✓	✓	✓	✓	✓	✓	✓	✓
6' x 8' booth with electric		✓	✓	✓	✓	✓	✓	✓	✓
6' skirted table with electric	✓	✓	✓	✓	✓	✓	✓	✓	✓
Logo and description in Exhibitor Directory	✓	✓	✓	✓	✓	✓	✓	✓	✓
Logo display in brochure and OAHP website	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pipe and drape		✓	✓	✓	✓	✓	✓	✓	✓
¼ page ad in convention notebook			✓						
½ page ad in convention notebook				✓	✓	✓	✓	✓	
Full page ad in convention notebook									✓
Recognition signs on tables during refreshment break or breakfast*			✓						✓
Listed in media events and press release				✓					✓
Logo placed on back of convention notebook with OAHP logo*					✓*				✓
Logo placed on convention bags with OAHP logo*					✓*				✓
Acknowledgement during luncheon and signs posted at sponsored lunch						✓			✓
Opportunity to host breakout session speaker						✓	✓	✓	✓
Opportunity to moderate breakout sessions						✓	✓	✓	✓
Opportunity to host a general session speaker									✓
Acknowledgement during keynote speaker introduction and signs posted in room							✓		✓
Acknowledgement in promotional brochure						✓	✓	✓	✓
Promotional flyer included with brochure						✓	✓	✓	✓
Acknowledgement signs posted at Legislative Reception								✓	✓
Logo on convention name badges					✓				✓
Logo on registration page					✓				✓
Post event mailing list of all attendees			✓	✓	✓	✓	✓	✓	✓
Recognition in OAHP News Clips			✓	✓	✓	✓	✓	✓	✓
Complimentary one year associate membership						✓	✓	✓	✓
Post Event Information Mailed to all Attendees									✓
<b>SPONSORSHIP FEE</b>	<b>\$1,000</b> 7 Available	<b>\$1,500</b> Limited	<b>\$2,500</b> 4 Available	<b>\$5,000</b> 2 Available	<b>\$5,000</b> 4 Available	<b>\$7,500</b> 2 Available	<b>\$7,500</b> 1 Available	<b>\$7,500</b> 1 Available	<b>\$10,000</b> 2 Available

\* Denotes only one designated sponsor reward for the respective sponsor level  
Fees increase on February 5, 2010



Ohio Association of Health Plans  
www.oahp.org

230 East Town Street, Suite 200 | Columbus, Ohio 43215-3842 | 614/228-4662 | 614/228-5816 FAX

# Annual Convention

May 25 and 26, 2010

## OAHP Sponsorship/Exhibitor Contract

Company/Contact Information (for correspondence) please type or print.

Name of Company:			
Pre-conference Contact:			
Mailing Address:			
City:	State:	Zip:	
Phone:			
Fax:			
Email:			
Company Website:			

### Booth Attendees (please note, Table Exhibits receive one complimentary registration only):

1. Name and E Mail \_\_\_\_\_
2. Name and E-Mail \_\_\_\_\_

((complimentary for sponsors \$ 1,500 and above)

Additional attendees may be registered for an additional fee by contacting Jason Smith at 614-228-4662 or [jsmith@oahp.org](mailto:jsmith@oahp.org)

**Company Profile Description:** A 50 word or less description of your organization and your company logo will be used in the convention notebook. Please e-mail a high resolution digital file of each to [jsmith@oahp.org](mailto:jsmith@oahp.org).

**Exhibit Booths:** Assigned on a first paid basis. Floor plan can be found at [www.oahp.org](http://www.oahp.org) under Education.

Preferred booth #: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

### Total Amount / Sponsorship Level: (please indicate your level of sponsorship):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> \$ 1,000 Table Top Display          | <input type="checkbox"/> \$ 5,000 Convention Bag Sponsor          | <input type="checkbox"/> \$ 7,500 Keynote Speaker Sponsor |
| <input type="checkbox"/> \$ 1,500 Standard Booth             | <input type="checkbox"/> \$ 5,000 Notebook Sponsor                | <input type="checkbox"/> \$ 7,500 Lunch Sponsor           |
| <input type="checkbox"/> \$ 2,500 Breakfast Sponsor          | <input type="checkbox"/> \$ 5,000 Pinnacle Award Sponsor          | <input type="checkbox"/> \$ 10,000 Convention Co-Sponsor  |
| <input type="checkbox"/> \$ 2,500 Refreshment Sponsor        | <input type="checkbox"/> \$ 5,000 Convention Registration Sponsor |   |
| <input type="checkbox"/> \$ 5,000 Name Badge/Lanyard Sponsor | <input type="checkbox"/> \$ 7,500 Legislative Reception Sponsor   |   |

Please check if you are a member and receive the 10% member discount

Fees increase after the February 5, 2010 deadline.

### Payment Method (check one):

- Check - Mail to: OAHP, 230 E. Town St., Suite 200, Columbus, Ohio 43215
- Credit Card \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address (street, city, state, zip): \_\_\_\_\_

OAHP has the authority to charge this account, signature: \_\_\_\_\_

**Contract must be returned with payment unless other arrangements have been made through OAHP.**



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# Annual Convention

## 2010 OAHP Sponsorship/Exhibitor Contract

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### Security

The OAHP cannot guarantee against loss or damage of any kind. However the exhibit area will be patrolled with private security between the hours of 5 p.m. May 25 and 7 a.m. May 26.

### Exhibit Regulations

- Exhibitions may not use oils, burning fluids, gasoline, naphtha, propane gas or other type of bottled gas or fuel for any purpose.
- Exhibitors may not use audible or electronic devices that might prove objectionable to other exhibitors due to noise, odor, or other annoyances.
- Smoking is prohibited in The Columbus, A Renaissance Hotel except in designated areas.
- The OAHP may withhold or withdraw permission to distribute souvenirs, advertising materials or other items it considers objectionable at its sole discretion.
- Reassignment, subletting or sharing any part of the allocated booth space is strictly prohibited. Exhibitors who fail to observe these conditions of contract, or who, in the opinion of the officials of the Ohio Association of Health Plans, conduct themselves unethically or unprofessionally will be dismissed from the meeting without refund. In signing this contract, it is understood that the assignment and the confirmation of exhibit space will be made in the order which requests and payments are received in the OAHP office.

Partial payment will not be accepted. To be listed in the promotional brochure, companies must reserve, and pay for their sponsorship prior to February 5, 2010. It is further understood that any cancellations MUST be received in writing by the OAHP by March 25, 2010 to receive a refund\* and approval of cancellation. No refunds will be approved after this date or once logos have been used on any promotional materials or on the OAHP website.

The OAHP acts for exhibitors and their representatives in the capacity of agent, not as principal. The OAHP assumes no liability for any act of mission or commision in connction with this agency. Exhibitors and their representatives hereby release the OAHP from any and all liabilities for loss or damage ensuing from any cause whatsoever, except for claims or damages of injuries caused by or resulting from the negligence of the OAHP or its employees. In addition, the exhibitor and his/her representatives agree to hold harmless the OAHP from any and all claims for loss or damage asserted against the OAHP by any person as a result of or in any way connected with the wrongful acts or negligence of the exhibitor.

\*An administrative fee of six percent will be deducted for any cancellation.

I agree to abide by all the rules, regulations, and restrictions outlined in this contract.

Contract authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete this form and return by FAX to: OAHP at (614) 228-5816  
Or by mail to: OAHP, 230 E. Town St., Ste. 200, Columbus, Ohio 43215**