



**ORAL HEALTH KANSAS**  
**3<sup>RD</sup> ANNUAL CONFERENCE**

*Making Oral Health a Priority in Kansas...Because it Matters!*

Thursday, October 26<sup>th</sup> through Saturday October 28<sup>th</sup>

**SPONSORSHIP &  
 EXHIBIT FORM**

**CONTACT INFORMATION**

Company/Organization \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_

**SPONSORSHIP**

*Please select the level at which you choose to sponsor and answer the corresponding questions to the right.*

<input type="checkbox"/>	<b>Keynote Sponsor</b>	(\$2,500)	Do you wish to use your complimentary exhibit space? <input type="checkbox"/> yes (if yes, please complete the exhibit section below) <input type="checkbox"/> no Do you wish to use your two complimentary conference registrations? <input type="checkbox"/> yes, both <input type="checkbox"/> just one <input type="checkbox"/> none
<input type="checkbox"/>	<b>Presenting Sponsor</b>	(\$1,000)	Do you wish to use your complimentary exhibit space? <input type="checkbox"/> yes <input type="checkbox"/> no Do you wish to use your complimentary conference registration? <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/>	<b>Patron Sponsor</b>	(\$500)	---
<input type="checkbox"/>	<b>Event Sponsor</b>	(\$Billed) * estimate	Which event would you like to sponsor? <input type="checkbox"/> Luncheon (\$2,000-\$3,000*) <input type="checkbox"/> Cocktail Hour (\$500-\$1,000*) <input type="checkbox"/> Continental Breakfast (\$500-\$1,000*) <input type="checkbox"/> Break w/ Exhibitors (\$250-\$500*)

*NOTE: Upon receiving this form, you will be contacted regarding obtaining your company logo for the brochure and to coordinate other details of your sponsorship.*

**EXHIBITS**

<b>Our company/organization is a:</b>	<input type="checkbox"/> Not-for-Profit (\$150)	<input type="checkbox"/> For Profit (\$200)
	<input type="checkbox"/> Keynote or Presenting Sponsor (Complimentary)	
<b>Do you need an electrical outlet? (no charge)</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>Do you need DSL access? (no charge)</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>Do you wish to use your complimentary conference registration?</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>Please provide the names of the representatives staffing your exhibit (as it should appear on the name badge):</b>		
<b>If you have more than one representative, do you need to purchase extra meal tickets for Friday's Luncheon?</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no
	If yes, how many _____	x \$20 each = \$ _____

**PAYMENT**

Please indicate how you'll pay:  our payment for \$ \_\_\_\_\_ is enclosed  please send an invoice

Please make checks payable to: Oral Health Kansas, Inc.

Please submit this form to: email - allison@kac.org OR mail - Oral Health Kansas  
 800 SW Jackson, Suite 1312  
 Topeka, KS 66612  
 fax - (785) 232-0699

Please direct questions to: Allison Abplanalp, Sponsor & Exhibit Committee Chair at allison@kac.org or (785) 845-3554