

Ohio Museums Association's 2012 Annual Conference Participation Application

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|------------------------|--|--|--------------|-----------------------|--|-------------|------------|
| Name of Company | | | | | | | |
| Contact Name | | | | Title | | | |
| Address | | | | City/State/Zip | | | |
| E-mail address | | | Phone | | | Cell | Fax |

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|------------------|--|------------------|--|--|
| Exhibitor | YES, please reserve an exhibit space for me! | | Mail display materials to arrive before April 1, 2012. Ohio Museums Association, 800 East 17th Avenue, Columbus, OH 43211 | |
| | \$165 Institutional Member | \$180 Non-Member | Free with Sponsorship over \$1000 | |
| | * Name of Representative Attending: _____ * One complimentary Monday conference registration is included per exhibitor (includes Monday breakfast, lunch, refreshments, and sessions. Sunday events are not included but can be purchased separately). | | ** Name(s) of Additional Representative(s): _____ **Additional booth staff may pay a rate of \$60.00 per person for a Monday Conference Registration (Sunday events are not included but can be purchased separately). No Representative will attend, please set up my simple display for me! | |

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|----------------|---|
| Sponsor | Yes, I'd love to be a Conference Sponsor! |
| | Please List Event(s): _____ |

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|-----------------------|--|
| Silent Auction | Yes, I'd love to donate items for the Silent Auction. |
| | Items(s): _____ Item(s) will be mailed to OMA by April 5th. Item(s) will be delivered to conference. |

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|-------------------|--|--|--|--|
| Advertiser | YES, I'd love to be a Conference Advertiser! | | This contract is your invoice. Make checks payable to: Ohio Museums Association, 800 East 17th Avenue, Columbus, OH 43211 | |
| | Conference Program Book | OMA Website | OMA Monthly E-newsletter | |
| | Conference Program Book Ad Size: Full Page: \$220 mem / \$275 non-mem Half Page: \$120 mem / \$175 non-mem Business Card Size: \$40 mem / \$50 non-mem Full Page Back Cover: \$220 mem / \$275 non-mem Full Page Inside Cover: \$300 mem / \$375 non-mem | Ohio Museums Website and Monthly E-newsletter Listing Per Month: \$60 mem / \$75 non-mem Please List Month(s): _____ | \$ _____ AMOUNT DUE | |

Authorized Signature: _____ Date: _____ \$ _____

Your Authorized Signature indicates a contractual agreement.
 Full payment must be received by April 1, 2012. This contract is your invoice.
 Make checks payable to: Ohio Museums Association, 800 East 17th Avenue, Columbus, OH 43211.