

Ohio Museums Association's 2010 Annual Conference Participation Application

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

Exhibitor	<input type="checkbox"/> YES, please reserve an exhibit space for me!	Mail display materials to arrive before April 10, 2010. Ohio Museums Association, 1982 Velma Avenue, Columbus, OH 43211	
	<input type="checkbox"/> \$165 Institutional Member	<input type="checkbox"/> \$180 Non-Member	<input type="checkbox"/> Free with Sponsorship over \$1000
	* Name of Representative Attending: _____	** Name(s) of Additional Representative(s): _____	\$ _____ AMOUNT DUE FOR EXHIBIT SPACE
* 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).		**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).	\$ _____ AMOUNT DUE FOR ADDITIONAL REPRESENTATIVE(S)
		<input type="checkbox"/> No Representative will attend, please set up my simple display for me!	

Sponsor	<input type="checkbox"/> Yes, I'd love to be a Conference Sponsor!
	Please List Event(s): _____

Silent Auction	<input type="checkbox"/> Yes, I'd love to donate items for the Silent Auction.
	Items(s): _____
	<input type="checkbox"/> Item(s) will be mailed to OMA by April 5th. <input type="checkbox"/> Item(s) will be delivered to conference.

Advertiser	<input type="checkbox"/> YES, I'd love to be a Conference Advertiser!	This contract is your invoice. Make checks payable to: Ohio Museums Association, 1982 Velma Avenue, Columbus, OH 43211	
	<input type="checkbox"/> Conference Program Book	<input type="checkbox"/> OMA Website	<input type="checkbox"/> OMA Monthly E-newsletter
	Conference Program Book Ad Size: <input type="checkbox"/> Full Page: \$220 mem / \$275 non-mem <input type="checkbox"/> Half Page: \$120 mem / \$175 non-mem <input type="checkbox"/> 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: <input type="checkbox"/> \$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 10, 2010. This contract is your invoice.

Make checks payable to: Ohio Museums Association, 1982 Velma Avenue, Columbus, OH 43211.