

Ohio Museums Association's 2024 Annual Conference Participation Application

Company Name:		
Contact Name:	Title:	
Address:	City/State/Zip:	
Email:	Phone:	Cell:

Exhibitor	YES! Please reserve and exhibit space for me!		
	\$165 Institutional Member	\$180 Non-Member	Free with Sponsorship over \$750
	*Name of Representative Attending:		\$ AMOUNT DUE FOR EXHIBIT SPACE

	Representative email (if different than above):		\$ AMOUNT DUE FOR ADDITIONAL REPRESENTATIVE(S)

**Name(s) of Additional Representative(s):			

<small>**Additional booth staff may attend for \$60.00 per person for a Monday conference registration. (Saturday and Sunday events are not included, but can be purchased separately).</small>			

Sponsor	YES! I want to be a conference sponsor!		
	Supporter (\$250)	Bronze (\$500)	Silver (\$750)
	Gold (\$1,000)	Platinum (\$1,500)	Diamond (\$2,000)

Advertiser	YES! I want to be an OMA advertiser!		
	Conference Program Book	OMA Website	OMA Monthly E-newsletter
	Conference Program Book <small>All ads black and white except full back outside cover (color)</small> Full Front Inside Cover: \$300 mem/\$375 non-mem Full Back Inside Cover: \$300 mem/\$375 non-mem Full Back Outside Cover: \$350 mem/\$425 non-mem Full Page: \$220 mem/\$275 non-mem Half Page: \$120 mem/\$175 non-mem Business Card Size: \$40 mem/\$50 non-mem		OMA Website/E-newsletter <small>All ads are per month; either skyscraper or square</small> Website: \$60 mem/\$75 non-mem Month(s): _____ E-Newsletter: \$60 mem/\$75 non-mem Month(s): _____
			\$ AMOUNT DUE FOR ADVERTISING
	<small>Your Authorized Signature indicates a contractual agreement. Full payment must be received by March 22, 2024. This contract is your invoice. Make checks payable to: Ohio Museums Association, 800 E. 17th Avenue, Columbus, OH 43211</small>		

Authorized Signature: _____ Date: _____ Total \$ _____