

**NOBODY  
DOES IT  
BETTER**



**MAY 4-6, 2009**  
**OKLAHOMA CITY**  
**RENAISSANCE HOTEL**

**SPONSORSHIP FORM**

1. Identify Yourself		
Company Name		
Representative		
Title		
Address		
City, State, Zip		
Phone	office	
	cell	
E-mail		
Product(s)		

**DEADLINE**  
**MARCH**  
☆☆ **29** ☆☆

**About Sponsorship**

Sponsorship is a mutually beneficial experience. For the ASTDN, it helps defray some of the Annual Conference overhead. For the sponsor, special recognition will be included in the Conference Program, as well as the benefits of each sponsorship opportunity listed at left.

2. Determine Sponsorship Opportunity	
<input type="radio"/> Sponsorship of a Break signage recognition	\$1,000
<input type="radio"/> Sponsorship of a Speaker signage recognition	\$2,500
<input type="radio"/> Sponsorship of Breakfast signage recognition	\$4,000
<input type="radio"/> Sponsorship of Lunch or Dinner -signage recognition -1/2 page black & white ad in conference program <i>*ASTDN may be able to allow two sponsors to jointly pay for a lunch or dinner</i>	\$5,000

**Payment**

Mail form and payment to:

Oklahoma State Department of Health  
Janet DeVeney-Edwards, ASTDN Asst.  
1000 NE 10th Street  
Oklahoma City, OK 73117-1299

**Fax** 405.271.1897

Checks/PO payable to: **ASTDN**

**Note:** ASTDN Employer ID # 31-1704813  
W-9 Form available upon request

3. Payment Method
<input type="radio"/> Check
<input type="radio"/> Purchase Order