

Annual Conference  
November 16-17, 2017  
Metro Tech – Spring Lake Campus  
Oklahoma City, Oklahoma



## EXHIBITOR/SPONSOR/ADVERTISER REGISTRATION FORM

**YES!**

We wish to participate in the 2017 OPA Annual Conference November 16-17.

I've checked our areas of participation below. **NOTE:** Sponsors, exhibitors, and/or advertisers will be featured on our website with a link to your organization's website.

### SPONSORSHIP OPPORTUNITIES

Please check the appropriate sponsorship

- |   |               |
|---|---------------|
| <input type="checkbox"/> Thursday Morning Breakfast | \$ 500.00     |
| <input type="checkbox"/> Thursday Morning Break     | \$ 500.00     |
| <input type="checkbox"/> Thursday Luncheon          | \$1,000.00    |
| <input type="checkbox"/> Thursday Afternoon Break   | \$ 500.00     |
| <input type="checkbox"/> Friday Morning Breakfast   | \$ 500.00     |
| <input type="checkbox"/> Friday Morning Break       | \$ 500.00     |
| <input type="checkbox"/> Friday Luncheon            | \$1,000.00    |
| <input type="checkbox"/> Friday Afternoon Break     | \$ 500.00     |
| <input type="checkbox"/> Student Awards             | \$ 100-500.00 |

### ADVERTISING

Program ads must be in electronic JPG format in the appropriate size as follows:

- Full Page (4.5" w x 7.5" h) \$135.00
- Half Page (4.5" w x 3.5" h) \$90.00

The deadline is September 15, 2017

**PLEASE RETURN THIS FORM  
AS SOON AS POSSIBLE TO  
RESERVE YOUR SPACE.**

Send form and payment to:

OPA  
P.O. Box 1585  
Norman, OK 73070  
(405) 664-0270  
okpsychassociation@gmail.com

### BOOTH SPACE

Tabletop Booth Space is available at a cost of \$400.00 (\$200.00 for non-profits). Booths can be open 8:00 a.m. – 4:00 p.m. Thursday, Nov. 16th and Friday, Nov. 17<sup>th</sup>.

Will you need electricity?

- Yes       No

### TOTAL:

Sponsorship Total: \$ \_\_\_\_\_  
Booth Space Total: \$ \_\_\_\_\_  
Advertising Total: \$ \_\_\_\_\_  
Total Due: \$ \_\_\_\_\_  
Deposit Paid Today: \$ \_\_\_\_\_  
BALANCE DUE: \$ \_\_\_\_\_

Full payment is due by September 30, 2017.

CC# \_\_\_\_\_ EXP Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

CSV # \_\_\_\_\_ Zip Code: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

On-Site Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_