

POMA District VIII 37th Annual Educational Winter Seminar Sponsorship ContractJanuary 18-21, 2024 • Seven Springs Mountain Resort, Seven Springs, PA

Sponsorship Opportunities: POMA District VIII offers several sponsorship opportunit lowing are a list of offerings: Grab-N-Go Munchies - Thursday afternoon (1 sponsorships and the state of the state of the several sponsorships of the state of the several sponsorship and the several sponsorship includes recognition during program annotated and significant sponsorship includes recognition during program annotated and sponsorship includes recognition during program and sponsorship includes rec	sorship available) available) /ailable) nips available) incements, on the	conference	\$5,000 \$5,000 \$2,500 \$1,000 mobile app and webpage.
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ponsor Registration Information: ompany Name			
Primary Contact Name	•		
Office Address			
City			
	E-mail Address		
Products or services to be promoted:			
My company would like to sponsor the following item(s)			
1			
Agreement to Health & Safety Protocols: □ POMA and District VIII are committed to taking preca participants. All participants are expected to adhere to CDC. Further details regarding protocols will be provingly checking this box, you are acknowledging that you safety precautions, as well as any changes that may one poment to Not Hold Events During POM POMA must comply with the AOA and ACCME accreed.	the health and safe ded to participants are agreeing to adl ccur. A District VIII ditation rules which	ety protocols closer to the nere to then Conferen clearly state	s of Seven Springs and the etime of the conference. current guidelines and ce: et it is not permissible
for exhibitors and sponsors to hold events (lectures, n POMA District VIII conference scheduled events. POM al for such functions. By checking this box, you are ac or take precedence over POMA District VIII conference	neals, social gatheri AA District VIII rese knowledging that y	ngs, etc.) at rves the righ	times that conflict with at to limit or deny approv-
Method of Payment:			For POMA Office Use Only
I would like to pay by:			Check #
☐ Check made payable to "POMA"	□ 5:		Amount
☐ Visa ☐ Mastercard ☐ American Express Billing name if different than above:			
No.:			
Billing address if different than above:			
TOTAL AMOUNT DUE:			

PLEASE RETURN TO: