



OHIO
FOOT AND ANKLE MEDICAL
FOUNDATION

2025 GRANT AND SPONSORSHIP CONTRACT

The 109th Annual Ohio Foot and Ankle Scientific Seminar

The following is an agreement to provide the Ohio Foot & Ankle Medical Foundation with a sponsorship to support the 109th Annual Ohio Foot and Ankle Scientific Seminar that will be held on May 15—16, 2025 at the Hilton at Easton Town Center in Columbus, Ohio. This program has been approved for Continuing Medical Education hours by OFAMF for the state of Ohio and as an approved CPME provider. **Please see page 4 or 7 for the details of what is included with sponsorships.**

All sponsorships include a pre-seminar registration list.

- Unrestricted **Grant** (\$7,500-Platinum; \$5,000-Gold; \$3,500- Silver) \$ _____
- Sponsor for **Lunch & Learn (Thursday, 1 sponsor per session):** \$2,500 (3 Available) \$ _____
- Sponsor for **Lunch & Learn (Saturday, virtual presentation):** \$2,500 (1 Available) \$ _____
- Sponsor for **Morning, Afternoon Break or Beverage Station:** \$1,000 each (9 Available) \$ _____
- Sponsor for **Workshop** \$3,000 each (contact OFAMF for availability) \$ _____
- Sponsor for **Continental Breakfast:** \$2,000 (3 Available) \$ _____
- Sponsor for **Marketplace Luncheon (Friday):** \$2,500 \$ _____
- Sponsor for **Floor Graphics:** \$250-\$500 (see details on page 7) \$ _____
- Sponsor for **Hand Sanitizing Station Sponsorship** \$500 (5 Available) \$ _____
- Sponsor for **Seminar WiFi Landing Page** \$2,000 (1 Available) \$ _____
- Sponsor for **Physician Session:** \$500 \$ _____
- Sponsor for **Scientific Paper and Poster Competitions** Company products, prize donation for a new practitioner or monetary contribution (indicate prize or amount) \$ _____
- Sponsor by providing **door prizes** for participants in Exhibit Hall Company products for a physician
- Sponsor by providing **Annual Tote Bag** (1 Available—*company logo, one color*) \$2,000 \$ _____
- Sponsor by providing **Annual Pens** (1 Available—*company logo, one color*) \$1,000 \$ _____

I will pay by: Check Credit Card **TOTAL: \$** _____

Card #: _____ Expiration Date: _____ 3 or 4 Digit Security Code: _____

Name on Card: _____ Billing Address: _____

By signing this contract, you enter into an agreement with OFAMF as a sponsor of the 109th Annual Ohio Foot and Ankle Scientific Seminar by providing a grant or sponsorship. As a sponsor, you agree to pay the amount referenced above on or before April 25, 2025.

Printed Name: _____ Signature: _____ Date: _____

Company Name & Address: _____

Phone: _____ Fax: _____ Email: _____

**MAIL to OFAMF: 1960 Bethel Road, Suite 140, Columbus, OH 43220 or FAX to (614) 457-3375
Questions? Call (614) 457-6269 or email lrldolfo@ohfama.org**