

# 2025 Wound Care Seminar

## Ohio Foot and Ankle Medical Foundation

**Location • Embassy Suites Columbus - Airport**

**November 8, 2025 • Columbus, Ohio**

**We would like to invite you to sponsor and exhibit at the Ohio Foot and Ankle Medical Foundation's Wound Care Seminar, which will be limited to 20 companies.**

All sponsors are welcome to set up exhibit tables on **Saturday, November 8, 2025, from 7:00 AM – 2:00 PM**. There are several sponsor opportunities as outlined below:

### **Exhibitor and Session Sponsor \$1,200 (4 available)**

This sponsorship includes a branded social media post on all OHFAMA platforms, sponsorship announcement at the beginning of the session, a one-page flyer in all registration packets, logo recognition on the OHFAMA website, a pre- and post-seminar registration list and a premium location for a 6' exhibit table.

### **Exhibitor Sponsor \$600 (16 available)**

This sponsorship includes a 6' exhibit table, a pre- and post-seminar registration list.

**Please review these rules and regulations carefully. Your signature on the Exhibit/Sponsorship Form binds you and your company to this contract and the terms expressed herein.**

**Products/Services:** The products or services that are exhibited at the 2025 Wound Care Seminar must be those related to the interests and educational values of the seminar. The 2025 Wound Care Seminar may refuse to accept the application of any company or persons whose products/services do not meet the educational integrity and objectives of the seminar.

**Exhibitor/Sponsor Activities:** Any products/services showcased or displayed by the exhibitor/sponsor must be conducted or distributed within the exhibit space assigned. The exhibitor/sponsor is prohibited from displaying their products/services in other exhibitor/sponsor spaces or in common areas.

**Only one company can exhibit per space:** Exhibitors/sponsors are required to keep their assigned space in good order and cleanliness at all times. Exhibitors are prohibited from bringing oversized displays due to space requirements. Exhibitors must be able to display on the 6-foot tabletop provided or not use the table top using a floor display. Displays are not to be wider than 6 feet. A representative of the company may attend the program, but is not allowed to engage in any promotional activities in the lecture hall while the program is taking place. **Only 2 (two) representatives per sponsorship space are permitted at one time.**

**Set Up:** Set-up for Sponsors is Saturday, November 8, 2025, from 6:30 – 7:00 AM.

**Liability:** OFAMF and the hotel are not responsible for any loss or damage of property. It is the responsibility of the representatives to secure valuables when the exhibit table is not attended. Insurance, if desired, is the responsibility of the exhibitor.

**Deposits/Refunds:** Sponsorship spaces will not be assigned without a payment in full. No refunds will be given for cancellations or no shows.

**Seminar Location:** Embassy Suites Columbus - Airport, 2886 Airport Dr, Columbus, Ohio 43219 Phone: (614) 536-0500

### **Seminar Schedule:**

Exhibitor Set UP – Begins at 6:30 AM

Morning Lectures 7:00 – 9:30 AM

Break 9:30 - 10:00 AM

Late Morning Lectures 10:00– 12:00 PM

Lunch 12:00 - 12:30 PM

Afternoon Lectures 12:30 – 2:00 PM

Exhibitor tear – 2:00-2:30 PM Before OHFAMA Annual Business Meeting

**2025 Wound Care Seminar**  
**November 8, 2025**  
**Exhibitor and Sponsor Registration Form**

**Please select one:**

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           **Exhibitor Sponsor \$600 (16 available)**

This sponsorship includes a 6' exhibit table, a pre- and post-seminar registration list.

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

Company Product: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Company Description: \_\_\_\_\_

**Payment Method – Please Mark One**

☐ **Check payable to Ohio Foot and Ankle Medical Foundation (preferred payment method)**

☐ American Express   ☐ Discover Card   ☐ MasterCard   ☐ VISA   Amount Authorized:

\$ \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name as printed on Credit Card: \_\_\_\_\_

Billing Address of Credit Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Representative(s): 1) \_\_\_\_\_ 2) \_\_\_\_\_

**Please mail or fax form with payment to:**

OFAMF – 2025 Wound Care Seminar, 1960 Bethel Rd Ste 140, Columbus, OH 43220

Phone: (614) 457-6269, Fax: (614) 457-3375 or email: [Iridolfo@ohfama.org](mailto:Iridolfo@ohfama.org) Contact Luci Ridolfo with questions.