



September 2-4, 2011
Lexington, Kentucky

SPONSORSHIP and EXHIBITOR FORM

Practice Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone: _____

e-mail: _____

Sponsorship Levels

Contributing Sponsor: \$100-\$1,499 Supporting Sponsor: \$1,500-\$3,999 Patron Sponsor: \$4,000 and up

Sponsorship Amount \$ _____

Practice Exhibit Registration:

Exhibit space is available for practitioners to profile their practice and meet students during OEPS. Exhibit space is limited to practices who sponsor with an additional \$200 exhibit fee (exhibit fee waived for Supporting and Patron level sponsors).

Exhibit space includes 6' table with table cloth and skirting and electrical outlet

Please reserve exhibit space for my practice

Exhibit Space fee \$ _____

Total Amount enclosed \$ _____

VISA and MasterCard accepted

Checks should be payable to:
Rood & Riddle Foundation Inc.
P.O. Box 12070
Lexington, KY 40580
(859) 233-0371

CardNumber: _____

Exp. Date: _____ Security Code: _____

Card Holder Name: _____

Address if different than above: _____