

Rev. 2/29/24

**Sponsorship Agreement
2024 OHA Annual Meeting & Education Summit**

**Company Name**:Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**City:**Click or tap here to enter text. **State:** Click or tap here to enter text. **Zip:**Click or tap here to enter text.

**Contact Person:** Click or tap here to enter text. **Title:** Click or tap here to enter text.

**Email:**Click or tap here to enter text. **Phone:** Click or tap here to enter text.

**My Company has agreed to sponsor the following for the 2024 OHA Annual Meeting and Education Summit:**

**Sponsorship #1** Click or tap here to enter text.

**Amount Due $** Click or tap here to enter text.

**Sponsorship #2** Click or tap here to enter text.

**Amount Due $** Click or tap here to enter text.

**Sponsorship #3** Click or tap here to enter text.

**Amount Due $** Click or tap here to enter text.

***Payment – Payable to OHA***

(If you need to make payment via ACH or credit card, please contact Amber Yors at 614-384-9102)

[ ] Check [ ]  ACH [ ] Credit Card

*Please note: Our address has changed.*

**Make checks payable to:**

Ohio Hospital Association

65 East State Street, Suite 500

Columbus, OH 43215

**Total Amount Due= $**Click or tap here to enter text.

 Please return this form to Amber Yors at: [amber.yors@ohiohospitals.org](amber.yors%40ohiohospitals.org)