



SPONSORSHIP OPTIONS 2024

As a sponsor, you ensure that the Ohio Association for Healthcare Philanthropy (OAHP) members not only learn about the latest products, programs, and trends from your perspective, but you also assist in bringing top level conferences, webinars and networking opportunities to the membership. The OAHP produces one of the most respected philanthropy conferences in Ohio. Conference presenters share best practices, new ideas and point attendees to new directions in the field. Our conference provides healthcare fundraisers with excellent educational programming close to home, providing an ideal place to showcase your company to existing and potential customers. We appreciate your support!

PARTNER BENEFITS	\$3,000	\$1,500	\$750
Featured sponsor of all our educational events including logo on literature, event signage, and invitations.	✓		
One exhibitor table prominently located for all in-person sessions. The ability to introduce yourself and share information at some point during an in-person event.	✓		
List of attendees to be used for post-conference marketing communication	✓		
Title sponsor for one webinar	✓	✓	
Featured sponsor of a specific element at the conference (coffee, lunch, or dessert), including an exhibitor table		✓	
Attendance at all programs offered	12 attendees In total that can be used among as many events as held	4 attendees In total that can be used among as many events as held	2 attendees to be used at one event
Prominent logo placement on promotional materials and OAHP website. Organization membership to OAHP (10-20 members).	✓	✓	✓

OAHP 2024 Schedule

	DATE	TIME	LOCATION
Webinar	April 9	noon	Virtual
Webinar	August 22	noon	Virtual
Fall Conference	October 15	8:30 am – 3:00 pm	OhioHealth, Columbus OH
Webinar	November 14	noon	Virtual

Other options may exist depending on location. Please reach out to OAHP if you want to explore something unique!



OAHP SPONSORSHIP FORM

TOTAL AMOUNT: \$ _____ .00

SEND your logo to info@ohioahp.us
For \$1,500 level, check which one you prefer:

- Coffee Bar
- Dessert Station
- Lunch

SPONSOR INFORMATION

Company Name (Printed as you wish it to appear)		
Contact Name / Title	E-mail Address	
Billing Address		
City, State, Zip	Telephone	Fax

PAYMENT OPTIONS

Amount: \$

Check enclosed Please bill me Other _____

PLEASE MAKE CHECK PAYABLE TO: **OAHP**

OR to pay by Credit Card, please contact Abbey @ 419-764-4387 or info@ohioahp.us