

23RD ANNUAL CONFERENCE AND BUSINESS MEETING

**GI MALIGNANCIES AND NON-TRADITIONAL
TREATMENT AND THERAPIES**



SPONSORSHIP OPPORTUNITIES

**NOVEMBER 1-3, 2019
MARRIOTT ON THE FALLS, NIAGARA FALLS, ON**

Ontario Association of Gastroenterology





2019 - 2020 SPONSORSHIP OPPORTUNITIES

Please indicate your choice below or contact us for further information.

DEADLINE: May 31, 2019

PARTNERSHIPS	PARTNERSHIP INCLUDES:	PREEMINENT PARTNER [\$75,000] ■	PLATINUM PARTNER [\$60,000] ■	CORPORATE PARTNER [\$60,000] ■
	• Website visibility on the OAG home page for one year	✓	✓	✓
	• Logo in each event section of the OAG website	✓	✓	N/A
	• Corporate Profile and social media links on the Mobile App for all three events.	✓	✓	N/A
	• Full Page advertisement on the Mobile App for all three events	✓	✓	✓
	• Banner advertisement on the Mobile App for all three events.	✓	✓	✓
	• Link to your company's website in the Resources section of our website	✓	✓	✓
	• Signage at all events	✓	✓	✓
	• Recognition at the Podium	✓	✓	✓
	• Logo in the Preliminary Program	✓	✓	N/A
• One page handout in delegate bag	✓	✓	✓	
• Tabletop display - 8ft table	✓	✓	N/A	
• Total number of representatives to attend the DDW, GI & Liver Review OR Annual Conference OR Liver & IBD Symposium (Flexibility over three events.)	Flexibility: Fourteen (14)	Flexibility: Ten (10)	N/A	
• Complimentary registrations to the Annual Conference (Included in flexibility numbers. Additional representatives to assume cost for hotel accommodations.)	Four (4)	Two (2)	N/A	
• Two nights hotel accommodation for representatives to attend the Annual Conference (Housing for the DDW, GI & Liver Review and Liver & IBD Symposium is not covered by the OAG.)	Four (4) representatives	Two (2) representatives	N/A	
• Access to the Scientific Session Sessions and all Social Events	✓	✓	N/A	
• Meeting with OAG Leaders	✓	✓	✓	
• Access to delegate roster via our Mobile App	✓	✓	N/A	
Add 13% HST: #858140973 RT0001		\$9,750	\$7,800	\$7,800
(A) SUB-TOTAL		\$84,750	\$67,800	\$67,000
ADDITIONAL REPRESENTATIVES Additional representatives may attend each event for an additional fee of \$5,000 per representative.	<input type="checkbox"/> DDW, GI & Liver Review: # ____ @ \$5,000		N/A	N/A
	<input type="checkbox"/> Annual Conference: # ____ @ \$5,000			
	<input type="checkbox"/> Liver & IBD Symposium: # ____ @ \$5,000			
Add HST of 13%				
(B) SUB-TOTAL				
Add Sections (A & B) GRAND TOTAL				
OPTIONAL OPPORTUNITIES: I will sponsor a high calibre International or Canadian speaker for an exclusive Symposium at the OAG Liver & IBD Symposium in January 2020: <input type="checkbox"/> Liver Symposium <input type="checkbox"/> IBD Symposium (Additional costs associated with this event - send info.)		<input type="checkbox"/>	N/A	N/A

SPONSORSHIPS	SPONSORSHIP INCLUDES:	GOLD [\$40,000] ■	SILVER [\$30,000] ■	BRONZE [\$20,000] ■	ALUMINUM [\$10,000] ■
	• Logo in the Annual Conference section of our website	✓	✓	✓	N/A
	• Signage at event	✓	✓	✓	✓
	• Logo in Preliminary Program	✓	✓	✓	✓
	• Corporate Profile and social media links on the Mobile App for all three events.	✓	✓	✓	✓
	• Banner advertisement on the Mobile App for all three events.	✓	✓	✓	✓
	• Tabletop display - 6ft table	✓	N/A	N/A	N/A
	• Total number of representatives to attend the Annual Conference, DDW, GI & Liver Review OR Liver & IBD Symposium (Flexibility over three events)	Flexibility: Four (4)	Flexibility: Three (3)	Two (2)	One (1)
	• Two nights hotel accommodation for representatives attending the Annual Conference (Housing for the DDW, GI & Liver Review and Liver & IBD Symposium is not covered by the OAG.)	Two (2)	Two (2)	One (1)	One (1)
	• Access to the Scientific Sessions and all Social Events	✓	✓	✓	✓
• Meeting with OAG Leaders	✓	✓	✓	✓	
• One page handout in delegate bag	✓	✓	✓	✓	
• Access to delegate roster via our Mobile App	✓	✓	✓	✓	
Add 13% HST: #858140973 RT0001		\$5,200	\$3,900	\$2,600	\$1,300
TOTAL		\$45,200	\$33,900	\$22,600	\$11,300

PROMOTIONAL MATERIAL We will be providing handouts for distribution for the Annual Conference: Yes No
Quantity: 220 Deadline: October 11, 2019

COMPANY INFORMATION (please print clearly)

Company Name _____
 Address _____
 City _____ Province ____ Postal Code _____
 Contact Person _____
 Tel _____ Fax _____
 E-mail _____

PAYMENT INFORMATION (please print clearly)

(Please make cheque payable to the Ontario Association of Gastroenterology)
 Charge to:
 Credit Card No. _____
 Security Code: _____ Expiry Date / _____
 Name on Card _____
 Signature _____

Please return this completed form to:

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