
**Sponsorship Opportunity**

Contact: info@oralhealthmissouri.org

The 2020 Missouri Oral Health Policy Conference by the Missouri Coalition for Oral Health will be held on Thursday, March 5, and Friday, March 6, 2020, at the Capitol Plaza Hotel in Jefferson City. This important event will help raise awareness of the oral health challenges facing Missouri, while providing a wealth of information about oral health policy.

Your sponsorship of this important event will demonstrate your commitment to improving the oral health of Missouri and will help the Coalition continue to make advances in oral health policy, as well as providing your organization with a unique promotional opportunity.

We have had approximately 140 conference attendees each year. They included oral health professionals, representatives of safety-net clinics and health departments, oral health leaders, advocates, policy makers, and community members interested in oral health. We are planning for an increase in attendees at the 2020 conference.

All sponsors will be recognized prominently as leading supporters of the event before, during, and after the conference, including being listed in the conference program on the Coalition website. All sponsorships include 2020 Coalition membership for the organization. The following sponsorship opportunities are available:

**Premier Sponsor: $10,000+**
- Overall event sponsor - Premier Sponsors will have significant presence at the event, with their company/organization name and logo integrated throughout the conference, including –
  - Recognition in Conference program and on Coalition website as Premier Sponsor.
  - Recognition by the Coalition in opening remarks.
  - Sponsorship noted in press or media communications.
  - Your logo on conference materials.
  - Four complimentary conference registrations, including meals.
  - Noted as sponsor on your representatives’ name badges.
  - One complimentary exhibit space.

**Contributing Sponsor: $5,000**
- Recognition in Conference programs and on Coalition website as Contributing Sponsor.
- Recognition by the Coalition in opening remarks.
- Your logo on conference materials.
- Signage at sponsored event.
- Two complimentary conference registrations, including meals.
- Noted as sponsor on your representatives’ name badges.

**Sponsor: $1,000**
- Recognition in Conference programs and on Coalition website as Sponsor.
- Recognition by the Coalition in opening remarks.
- Your logo on conference materials.
- Signage at sponsored event.

Contact us at info@oralhealthmissouri.org to arrange sponsorship for this one-of-a-kind event.

Thank you for helping to improve the oral health of Missouri!
2020 Missouri Oral Health Policy Conference
Sponsor Application

Company Name ________________________________________________________________

Street Address ______________________________________________________________

City/State/Zip ________________________________________________________________

Company Contact/Title _________________________________________________________

Email ____________________________________________________________ Phone ___________________________     Fax ___________________________

Amount and Type of Sponsorship

_____ $10,000 and above; Premier Sponsor (Includes four complimentary conference registrations)

_____ $5,000 Contributing Sponsor (Includes two complimentary conference registrations)

_____ $1,000 Sponsor (Includes Organization membership)

Names of representatives attending. (Please fill in name as it is to be printed on name badge.)

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Checks should be made payable to the Missouri Coalition for Oral Health.

Please mail check with completed and signed application form to:
Missouri Coalition for Oral Health
PO Box 1432
Jefferson City, Missouri 65102-1432

All questions may be directed to info@oralhealthmissouri.org

Signed _____________________________________________________________________________

Print Name ___________________________________________________________________________

Title ________________________________________________________________________________

Date ________________________________________________________________________________