

Oklahoma State University

COLLEGE OF OSTEOPATHIC MEDICINE



CME Office

2019 Pain Management Symposium

July 27, 2019

A.R. & Marylouise Tandy Medical Academic Building
Tulsa, OK



*CENTER
FOR HEALTH
SCIENCES*

JOIN US!

The objective of the 2019 Pain Management Symposium is to enhance the knowledge of health care providers, thereby improving patient care. Participants in the 2019 Pain Management Symposium will become aware of new updates in Pain Management treatment and practice and gain a better understanding of the variety of patient types and conditions seen in the multiple patient care settings in urban and rural areas..

2018 Pain Management Symposium Statistics

43%

of Attendees
are in
Family Practice

More than
80%

in State
Physicians

70

Registered
Participants

Saturday, July 27 Schedule

| | |
|------------------------|-----------------|
| 7:00 – 8:00 a.m. | Breakfast |
| 8:00 a.m. – 12:15 p.m. | General Session |
| 12:15 – 1:15 p.m. | Lunch |
| 1:15 – 4:30 p.m. | General Session |

Sponsorship Opportunities

- Signage on refreshment tables.
- Name listed as a sponsor in conference program.
- Logo listed on Digi-signs throughout conference venue.
- Logo on sponsor section on conference website.
- Featured in OSU-CME monthly newsletter.

Breakfast Buffet – \$750

Lunch Buffet – \$1,250

Afternoon Break – \$500

Charging Station – \$500

Sponsorship Application and Agreement

Oklahoma State University College of Osteopathic Medicine | Continuing Medical Education Office
2019 Pain Management Symposium, July 27, 2019 | A.R. & Marylouise Tandy Medical Academic Building –Tulsa, OK

Sponsorship Opportunities: (Please check all that apply)

Breakfast Buffet: \$750

Lunch Buffet: \$1,250

Afternoon Break: \$500

Charging Station: \$500

Company Information (Please print) *If you would like your company logo used please provide in electronic form.

Contact Name: _____

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell/Office Phone: (____) _____ E-mail: _____

Sponsor Agreement

This application constitutes an understanding and agreement to comply with the OSU-COM sponsor guidelines as stated in this prospectus.

Name: _____ Company: _____

Signature: _____ Date: _____

Please keep a copy of this form for your files.

Questions: 1-800-274-1972 or osu.cme@okstate.edu

Submit to: OSU-COM CME Office with form of payment and company logo in electronic form by July 12, 2019.

Fax: 918-561-1433

Mail: OSU-COM

CME Office

1111 W. 17th St.

Tulsa, OK 74107-1898

Space will not be reserved until signed application and payment are received.

Cancellations made after July 19, 2019 will not be eligible for a refund.

The purpose of the program is educational and not promotional.

Payment Information

Credit card: Visa MasterCard American Express Discover

Check # _____ in the amount of \$ _____

Please make checks payable to **OSU-COM**,
Federal Tax ID #73-1383996.

Amount: \$ _____ Card number: _____ Exp. Date: _____ CVC: _____