

OACC XXXIX

SEPT 28 - 30, 2018

Health and Wellness: People & Place

THANK YOU FOR YOUR CO-SPONSORSHIP SUPPORT

PLEASE LIST YOUR COMPLETE CONTACT INFORMATION HERE

Name of Co-Sponsor (organization or individual) _____

Contact person, if different _____

Address (Street # or PO Box) _____

City, State, Zip _____

Website Address _____

Phone _____ email _____

(OACC will not publish or share your information without permission)

Would you like to be listed on the OACC website, Facebook page, and in the printed brochure* and in email updates as a Co-Sponsor? Yes No If so, how would you like your name and location to appear? _____

Please describe your organization _____

AMOUNT OF CONTRIBUTION \$160 or \$ _____

Will you be utilizing your 2 adult admissions? Yes No Don't Know

The exhibit space this year will be outdoors, mostly in a large, open-air pavilion. Exhibitors are welcome to bring their own display tents with tables.

We will also have some tables available for display. I would like a table

*We accept Co-Sponsors and donations at any time; however, to be listed in the printed brochure, we must receive your sponsorship no later than **JULY 20**. Fortunately, if you miss that date, you will still be listed in email updates and Facebook thank you's between now and OACC as soon as we receive your sponsorship.

HOW TO MAKE YOUR CONTRIBUTION

You can pay through our website: OzarkAreaCommunityCongress.org

Or by check. If paying by check, please fill out and return this form.

Make check out to OACC and send to: Sasha Daucus
HC6 Box 294
Doniphan, MO 63935

THANK YOU!