

# **Sponsorship Opportunities**

The NABIP Oregon Board of Directors would like to invite you to participate as a Sponsor for NABIP Oregon CEO Roundtable to be held in person on February 5, 2025, at the Embassy Suites Portland Washington Square in Tigard, Oregon. This is a fantastic opportunity for you to increase awareness of your company and the products and/or services you offer to those with the most influence in the health insurance Agent/Broker community in the Pacific Northwest. This is an excellent business opportunity and a way to show your support for our industry. Do not miss this unique chance to introduce your products or services to this important buying group.

# **In Person Sponsorship Opportunities**

- Event Sponsor \$1000 (max 4)
- One Exhibit Booth
- Two complimentary registrations
- ½ advertisement in event program
- Verbal & printed recognition

### Breakfast Sponsor - \$500 (max 2)

- One complimentary exhibitor registration
- Verbal & printed recognition

### Carrier Table Sponsor\* - \$950

- Register a table of seven attendees at discounted price of the registration fee
- Verbal & printed recognition

# **Virtual Sponsorship Opportunity**

### Virtual Platform Sponsor - \$2000 (max 1)

- Two complimentary registrations
- ½ advertisement in event program
- Logo on virtual platform screen
- Verbal & printed recognition

# Beverage Sponsor - \$250 (max 4)

Verbal & printed recognition

### BYOB Table Sponsor\*\* - \$950

- Register a table of seven attendees at discounted price of the registration fee
- Verbal & printed recognition

<sup>\*</sup>The Carrier sponsorship is available for carrier companies only.

<sup>\*\*</sup>The BYOB (bring your own broker) sponsorship is available for agent/broker companies only.

# **2025 NABIP Oregon CEO Roundtable Sponsorship Form**

Company (exactly as it should appear on all materials):	:		
Address:			
City:	State:		Zip:
Contact Person (for registration, exhibit, s	social media, and ad dea	dlines):	
Contact Person:		Title:	
Phone:	Email:		
Contact Person (for payment):			
Contact Person:		Title:	
Phone:	Email:		
Sponsorship Selection:			
conditions as listed on this agreement	\$2000.00  O days prior to printing of evene, first-served basis. NABIP nent form to NABIP Oregon, and am authorized to execureceived 30 days prior to the fund.	vent materials. Oregon reserves I understand and ute this Sponsorsh e event date will i	the right to assign sponsorships. If agree to the provisions and terms and hip Agreement on behalf of my company. The receive a 50% refund. Any cancellations
PAYMENT:			·
	Exp. Date: CVV#: Amount Authorized: \$ Signature:		
Address:			
Phone:			

Send completed form with payment to:

NABIP Oregon | 9600 SW Oak Street, Suite 565, Tigard, OR 97223