

Annual Convention 2025 Sponsor/Exhibitor Opportunities

Seaside Civic & Convention Center Seaside, Oregon



Event Schedule at a Glance*

July 10, 2025

The Annual Convention Attendees will attend the event at 12:30 pm for lunch.

12:30 – 1:30 pm Exhibitor Set Up

12:30 – 1:30 pm Lunch

1:30 - 2:30 pm PRESENTATION

2:35 - 3:35 pm PRESENTATION

3:40 – 4:00 pm PRESENTATION

4:00 - 5:00 pm PRESENTATION

5:00 pm - 5:10 pm Closing Remarks

5:30 pm - 7:00 pm Welcome Reception/Outing

July 11, 2025

7:30 am - 8:00 am Registration/Exhibits/Breakfast

8:00 am - 8:10 am PRESENTATION

8:10 am - 9:10 am PRESENTATION

9:15 am - 10:15 am PRESENTATION

10:15 am - 10:30 am Break with Exhibitors

10:30 am - 11:30 am PRESENTATION

11:35 am - 12:35 pm PRESENTATION

12:35 pm Closing Remarks

12:35 - 1:30 pm Exhibitor Set Up/Medicare Exhibit Tear Down

*Schedule subject to change

NABIP OR 2025 Annual Convention Sponsorship Opportunities

All sponsors receive Company Logo on all Event Marketing Materials

Gold Sponsor - \$2,000 (max 2)

One Exhibit Table | Four Complimentary Annual Convention Attendee Registrations | Two Complimentary Medicare Exhibitor Registrations | Full page color advertisement on the inside back cover in Event Program

Silver Sponsor - \$1,500 (max 2)

One Exhibit Table | Two Complimentary Annual Convention Attendee Registrations | Two Complimentary Medicare Exhibitor Registrations | Half page color advertisement Event Program

Bronze Sponsor - \$1,000 (max 2)

One Exhibit Table | One Complimentary Annual Convention Exhibitor Registration | Quarter page color advertisement in Event Program

Lunch Sponsor - \$2,000 (max 2)

One Exhibit Table | Two Complimentary Annual Convention Attendee Registrations | Two Complimentary Medicare Exhibitor Registrations | Half page color advertisement in Event Program | Company tablecloth on buffet table

Breakfast Sponsor - \$1,500 (max 2)

One Exhibit Table | Two Complimentary Annual Convention Attendee Registrations | Two Complimentary Medicare Exhibitor Registrations | Half page color advertisement in Event Program | Company tablecloth on buffet table

Name Badge/Lanyard Sponsor - \$2,000 (max 1)

One Exhibit Table | Two Complimentary Annual Convention Attendee Registrations | Two Complimentary Medicare Exhibitor Registrations | Half page color advertisement in Event Program | Logo printed on name badges and lanyards

Registration Table Sponsor - \$1,000 (max 2)

One Exhibit Table | Two Complimentary Annual Convention Attendee Registrations | Two Complimentary Medicare Exhibitor Registrations | Quarter page color advertisement in Event Program | Company tablecloth on registration table

Reception Sponsor - \$1,500 (max 2)

One Exhibit Table | Two Complimentary Annual Convention Attendee Registrations | Two Complimentary Medicare Exhibitor Registrations | Quarter page color advertisement in Event Program

Break Sponsor for AM and PM - \$500 each (max 2 per break)

One Exhibit Table | One Complimentary Annual Convention Exhibitor Registrations | Quarter page color advertisement in Event Program

Exhibit Table - \$600 each

One Exhibit Table | One Complimentary Annual Convention Exhibitor Registration

NABIP OR 2025 Annual Convention Sponsorship Opportunities July 10-11, 2025

Company (exactly as it should appear on all materials):			
Contact Person for Event:			
Address:			
City:	State:	Zip:	
Phone:			
Email:			
Sponsorship Package Selection			
□ Gold Sponsor		\$2,000	
□ Silver Sponsor		\$1,500	
□ Bronze Sponsor		\$1,000	
□ Lunch Sponsor		\$2,000	
□ Breakfast Sponsor		\$1,500	
□ Name Badge/Lanyard Sponsor		\$2,000	
□ Registration Sponsor		\$1,000	
□ Reception Sponsor		\$1,500	
□ AM Break Sponsor		\$500	
□ PM Break Sponsor		\$500	
□ Exhibit Table		\$600	
Description and Towns	Total	Amount Due	\$
Requirements and Terms: • All sponsorships must be paid in full 30 days prior to • All sponsorships are sold on first-come, first-served • By submitting the Sponsorship Agreement form to to conditions listed on this agreement and am authoriz • Cancellation policy: Any cancellations received 30 of received after that will not receive a refund.	l basis. NABIP OR the NABIP OR, I und zed to execute this S	reserves the right to derstand and agree t Sponsorship Agreem	o the provisions and terms and ent on behalf of my company.
PAYMENT □ Check (payable to NABIP Oregon) or Credit Card □ \(\text{V} \)	Visa □ MasterCa	rd □ American E	xpress □ Discover
Card Number:	E	Exp. Date:	CVV #:
Amount Authorized: \$			
Cardholder Name:	Signat	ure:	
Address:			
City:			
Dhono	Email		

Question? Contact the NABIP office at info@nabip-oregon.org