

Company Name

Address _____

City _____ State _____ Zip _____

Phone _____ Website _____

Contact Name

Address if different than above _____

City _____ State _____ Zip _____

Phone _____ Email _____

Exhibit Table Contact Name

Phone _____ Email _____

Membership Contribution Levels

**All benefits are subject to change at the discretion of PSOH staff and leadership.*

\$10,000

- Exclusive Networking Event with PSOH Board
- First choice of table placement and participation for five representatives at 2022 Annual Meeting (list in order of payment received.)
- Company profile on PSOH website to include logo, representative contact information, company description, website, and social media links through December 31, 2022
- Work with legislative initiatives
- Opportunity to survey members (based on Board approval)
- Distribution of priority company information on FDA approvals and/or published journal articles to active members (based on Board approval)
- Scrolling company logo on the PSOH website footer with link to company website
- Access to members-only side of PSOH website
- Included in event promotion email

\$5,000

- Table placement selection before general exhibitor assignments, and participation for four representatives at 2022 Annual Meeting
- Company profile on PSOH website to include logo, representative contact information, company description, website, and social media links through October 31, 2022
- Work with legislative initiatives
- Opportunity to survey members (based on Board approval) – **once per year**
- Access to members only side of PSOH website
- Distribution of priority company information (i.e. FDA approvals and or published journal articles, based on Board approval) to active members – **three times per year**
- Scrolling company logo on the PSOH website footer with link to company website
- Access to members-only side of PSOH website

Payment Information: Mail check made payable to PSOH

Discover MasterCard Visa American Express

Card # _____

Expiration Date _____ Security Code _____

Cardholders Name _____

Billing Address _____

Authorized Signature _____ **Date** _____

Print Name _____ **Title** _____

Questions? Contact the PSOH Offices at 833-770-1543 or email info@psoh.org 400 Winding Creek Blvd. • Mechanicsburg, PA 17050 • 855-918-3611 (fax)