



NABIP OKC

2025 Annual Partnership Opportunities

(January through December 2025)

Packages Include Participation in 2025 Annual Symposium
Tentative date of February 13, 2025

Platinum - \$2,000

Annual Partner and Symposium Sponsor

- > Logo on monthly meeting signage
- > Logo on OKAHU website
- > Logo in monthly newsletters
- > 5 minute commercial at any meeting
- > Door greeting opportunity at any meeting
- > Exhibitor booth at Symposium
- > 3 Attendee tickets to Symposium
- > 5 minute commercial during Symposium
- > Symposium LUNCH Sponsor

Silver - \$1,000

Annual Partner and Symposium Sponsor

- > Logo on monthly meeting signage
- > Logo on OKAHU website
- > Logo in monthly newsletters
- > 5 minute commercial at any meeting
- > Door greeting opportunity at any meeting
- > Exhibitor booth at Symposium
- > 1 Attendee ticket to Symposium

Gold - \$1,500

Annual Partner and Symposium Sponsor

- > Logo on monthly meeting signage
- > Logo on OKAHU website
- > Logo in monthly newsletters
- > 5 minute commercial at any meeting
- > Door greeting opportunity at any meeting
- > Exhibitor booth at Symposium
- > 2 Attendee tickets to Symposium
- > Symposium BREAKFAST Sponsor

Bronze - \$500

Annual Partner

- > Logo on monthly meeting signage
- > Logo on OKAHU website
- > Logo in monthly newsletters
- > 5 minute commercial at any meeting
- > Door greeting opportunity at any meeting
- > Mid-year annual partners receive this level (through December 2025)

Symposium Booth Only - \$500

Symposium Booth Exhibitor

> Exhibitor booth at Symposium

How to Become an Annual Partner

Visit www.okahu.org to process renewal or new partnership online.

You can also complete and email this copy to: Oklahoma City Association of Health Underwriters, Attn: Kim Arnold, kim@birchallandhampton.com.

Ad graphics should be included in .jpg or .png form for utilization on signage.

Payment Information

Company

Name: _____

Contact Name: _____

Address: _____

Phone: _____

Email: _____

Please Charge \$ _____ to my:

____ Visa ____ MasterCard ____ AmEx ____ Discover

Account #:

Exp: _____

CW: _____

Printed Name: _____

Signature: _____

Date _____

I will mail a check for \$ _____ payable to:

Oklahoma City Association of Health Underwriters

P.O. Box 12146, Oklahoma City, OK 73157

Tier of Package Elected:

____ Platinum ____ Gold ____ Silver ____ Bronze