



OHIO SHOULDER & ELBOW SOCIETY

Annual Meeting

Vendor Commitment Form

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone Number: _____ Email: _____

\$2,500 Exhibitor

Sponsorship includes:

- *Exhibit Booth in exhibit hall*
 - *6ft. table and 2 chairs*
 - *Opportunity to speak with participants and speakers before and during all breaks*
- *Company Name on the sponsor page on the Ohio Shoulder & Elbow Society website*
www.ohioshoulderelbowsociety.com/sponsors/

METHOD OF PAYMENT

Enclosed is my sponsorship check in the amount of \$2,500.

Sponsor Signature: _____ Date: _____

(Please sign and retain a copy for your records)

Please mail completed form with payment by February 1, 2026, to:

Ohio Shoulder and Elbow Surgeons Association

c/o OrthoNeuro, Heather Benjamin

5040 Forest Drive, Suite 300

New Albany, OH 43054