

2009 Ohio Grape & Wine Conference
16-17 February, 2009 Shisler Center – OARDC, Wooster

INTENT TO EXHIBIT AND/OR SPONSOR

Company Name _____
Contact Person _____ E-Mail _____
Names of other company representatives attending 1) _____ 2) _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Fax _____
Equipment / Products to Display: _____

Exhibition Fee: Exhibit fee is \$200.00, which includes space for display, 8-foot clothed and skirted table, refreshments, and access to technical sessions for one person. Company listing and contact information will be published in Proceedings available at the Conference.

Please enter amount that apply:

Exhibitor Registration Fee (\$200 each) \$ _____

Meals (enter number of meals in corresponding box and enter total amount) \$ _____

Monday, 16 February

Tuesday, 17 February

Buffet Lunch \$25.00

Continental Breakfast \$10.00

Banquet \$60.00

Plated Lunch and Wine Tasting \$35.00

Sponsorship: Sponsorship would be appreciated and acknowledged with a designation of Platinum, Gold or Silver Sponsor in a display at the main conference room entrance and will be listed in the front of the printed Proceedings. In addition, each category will entitle you to complementary meals and recognition as sponsor of a meal event as follows:

“Platinum Sponsor” (\$500) is entitled to “Banquet Sponsor”. Ohio Wine Reception, all meals and Banquet are complementary for one person, and the sponsor will be thanked and acknowledged during the Banquet. \$ _____

“Gold Sponsor” (\$300) is entitled to “Plated Lunch Sponsor” on Tuesday. Ohio Wine Reception and lunch on Monday, breakfast and lunch on Tuesday are complementary for one person, and the sponsor will be thanked and acknowledged during Lunch on Tuesday. \$ _____

“Silver Sponsor” (\$200) is entitled to “Buffet Lunch Sponsor” on Monday. Ohio Wine Reception and lunch on Monday, and breakfast on Tuesday are complementary for one person. Will be thanked and acknowledged during Lunch on Monday. \$ _____

Total Payment Enclosed: \$ _____

Please make checks payable to “Ohio State University” and return form and check to:
Shisler Conference Center-OARDC
1625 Wilson Road
Wooster, Ohio 44691

Registration contact person:
Hannah Roscoe-Metzger
(330) 287-1424
roscoe-metzger.1@osu.edu

For Office Use Only	
Check #	_____
Date	_____
Amount	_____

PLEASE COMPLETE THIS FORM WITH YOUR CHECK TO OSU BY February 10.