

Marketing Prospectus



Partner | Sponsor | Exhibitor Opportunities

ABOUT DeOA

Who We Are: The Delaware Optometric Association serves as the voice of optometry in Delaware. We are advocates for the profession and the premier provider of education and networking events that bring doctors and industry partners together.

Membership

100+ Doctor & Paraoptometric Members | 275+ Online Community Members

2019 Meetings

2-Day Annual Winter Thaw Conference

February 9-10 Sheraton Wilmington South (365 Airport Road, New Castle, DE 19720)

Conference includes: doctor and paraoptometric education programs, exhibit hall & Annual DeOA Meeting

Fall Member Meeting

October/November (date TBD) - **Michele's at Dover Downs**

Association Communication - Marketing & Media Channels

Monthly E-blasts to DeOA Members and Online Community Members

Regular hard and soft mail to DeOA membership

Website Advertising & Social/Networking Events

PARTNERSHIP PROGRAM

Our Program is designed to provide DeOA Partner companies with valuable marketing exposure to the Delaware optometry community. All Partner packages include **FREE EXHIBITOR PLACEMENT** at our Winter Thaw Conference and a host of other standard benefits. **Sign up before Jan 30 to receive the 10% Early Bird Discount.**

PARTNER PROGRAM BENEFITS



2019 Partnership Program

	Bronze	Silver	Gold
Partner Benefits	QTY	QTY	QTY
Free EXH Booth @ 2019 Winter Thaw Conference <i>(2-day placement & credentials for 2 reps per day included)</i>	✓	✓	✓
Partner Recognition & Attendee Conference List	✓	✓	✓
Exclusive Partner Conference Marketing <i>(complimentary 1-page insert in doctor registration packet)</i>	✓	✓	✓
DeOA Media - Partner Recognition & Linkage <i>(website, email signatures, e-news/blasts to online community)</i>	✓	✓	✓
Printed Member Address Labels <i>(one set)</i>	✓	✓	✓
DeOA Website Ads	1	2	4
DeOA Member e-blast <i>(100+)</i>	1	2	4
DeOA Online Community e-blast <i>(275+ doctors)</i>	1	2	4
Regular Price	\$1300	\$1800	\$2500
Early Bird Price <i>10% Discount</i>	\$1170	\$1620	\$2250

Questions? Contact DeOA Director of Operations Linda Cohen at (302) 404-6832 or via email at lindacohen@deoa.org.

À la Carte Marketing

WINTER THAW CONFERENCE MARKETING OPPORTUNITIES

Non-Partner Exhibitor Pricing

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> 1 Day Exhibit Booth | \$600 |
| <input type="checkbox"/> 2 Day Exhibit Booth | \$900 |
| <input type="checkbox"/> Electricity (<i>Free for Partners</i>) | \$50 (\$75 w/o advance notice) |

Sponsorship Opportunities

- | | |
|---|--|
| <input type="checkbox"/> Swag | Contact DeOA for Pricing |
| <input type="checkbox"/> Pen | \$300 (exclusive branding) |
| <input type="checkbox"/> Notepads or Bag | \$400 (exclusive branding) |
| <input type="checkbox"/> Symposium Breakfast | \$1,500 (plus A/V if applicable) |
| <input type="checkbox"/> Symposium Lunch | \$2,500 (plus A/V if applicable) |
| <input type="checkbox"/> DeOA Annual Meeting Lunch | \$1,500 |
| <input type="checkbox"/> Attendee Registration Packet 1-Page Insert
(<i>Free for Partners</i>) | \$200 (8"x11" vendor supplies Ad) |

ADDITIONAL MARKETING OPPORTUNITIES

Exclusive Company E-Blast

*Partners receive **FREE E-Blasts** (1-4 of each type based on Partner level)

- | | |
|--|--|
| <input type="checkbox"/> Members Only (100+) | \$150 (Partner Rate - additional e-blast)
\$350 (Non- Partner Rate) |
| <input type="checkbox"/> Online Community (275+) | \$200 (Partner Rate – additional e-blast)
\$500 (Non-Partner Rate) |

Special Event Sponsor

(DeOA Board or Regular Member Meeting)

Contact DeOA for Details & Pricing

Partner Registration

Yes! I am interested in supporting Delaware optometry by becoming a 2019 DeOA Partner
**Please Indicate Desired Partner Level Below*

Pricing & Info

Gold ~~\$2500~~ **\$2250** Silver ~~\$1800~~ **\$1620** Bronze ~~\$1300~~ **\$1170**

Company Name: _____

Contact Name / Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____ Website: _____

My signature below acknowledges that I hereby authorize Delaware Optometric Association to process my payment in the amount of \$_____.

Signature _____ Date _____

Method of Payment: Payable to Delaware Optometric Association (check one):

Check American Express Discover MasterCard Visa

Card Number: _____ CVV: _____

Expiration Date: _____

Name (on Card): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Return completed form by mail to: **DeOA, P.O. Box 4774, Wilmington, DE 19807**
 by fax to: **(443) 378-8845** or via email to: lindacohen@deoa.org



Delaware Optometric Association

PO BOX 4774

Wilmington, DE 19807

302.404.6832

www.deoa.wildapricot.org