

Waves of Change: Embracing Challenges and Opportunities

NABIP OREGON

Sponsor Information
nw medicare summit
7.9.2025 - 7.10.2025

Seaside Civic & Convention Center
Seaside, Oregon



NW Medicare Summit 2025 Sponsor/Exhibitor Opportunities

**Seaside Civic & Convention Center
Seaside, Oregon**

National Association of Benefits and Insurance Professionals

Oregon Chapter



Event Schedule at a Glance*

July 9, 2025

- 11:00 am – 12:30 pm NABIP OR Medicare Summit Exhibitor and Registration Set Up
- 1:00 pm – 2:00 pm Registration/Check In
- 2:00 pm – 2:05 pm Welcome
- 2:05 pm - 2:10 pm Sponsor Moment
- 2:10 pm – 3:10 pm PRESENTATION
- 3:15 pm – 4:15 pm PRESENTATION
- 4:20 pm – 5:20 pm PRESENTATION
- 5:20 pm – 5:30 pm Closing Remarks
- 5:30 pm – 6:30 pm Welcome Reception

July 10, 2025

NW Medicare Summit is only in the morning. The Annual Convention Attendees will attend the event at 12:30 pm for lunch.

- 7:30 am – 8:00 am Registration/Exhibits/Breakfast
- 8:00 am – 8:10 am Welcome
- 8:10 am – 9:10 am PRESENTATION
- 9:15 am – 10:15 am PRESENTATION
- 10:15 am – 10:30 am Break with Exhibitors
- 10:30 am – 1:30 am PRESENTATION
- 11:30 am – 12:30 pm PRESENTATION
- 12:05 pm – 12:30 pm Break with Exhibitors
- MEDICARE & CONVENTION ATTENDEES COMBINE**
- 12:30 – 1:30 pm Lunch Convention
- 12:30 – 1:30 pm Exhibitor Set Up/Medicare Exhibit Tear Down

**Schedule subject to change*

NABIP OR 2025 NW Medicare Summit Sponsorship Opportunities

All sponsors receive Company Logo on all Event Marketing Materials

Gold Sponsor - \$2,000 (max 2)

One Exhibit Table | Four Complimentary NW Medicare Summit Attendee Registrations | Two Complimentary Medicare Exhibitor Registrations | Full page color advertisement on the inside back cover in Event Program

Silver Sponsor - \$1,500 (max 2)

One Exhibit Table | Two Complimentary NW Medicare Summit Attendee Registrations | Two Complimentary Medicare Exhibitor Registrations | Half page color advertisement Event Program

Bronze Sponsor - \$1,000 (max 2)

One Exhibit Table | One Complimentary NW Medicare Summit Exhibitor Registration | Quarter page color advertisement in Event Program

Lunch Sponsor - \$2,000 (max 2)

One Exhibit Table | Two Complimentary NW Medicare Summit Attendee Registrations | Two Complimentary Medicare Exhibitor Registrations | Half page color advertisement in Event Program | Company tablecloth on buffet table

Breakfast Sponsor - \$1,500 (max 2)

One Exhibit Table | Two Complimentary NW Medicare Summit Attendee Registrations | Two Complimentary Medicare Exhibitor Registrations | Half page color advertisement in Event Program | Company tablecloth on buffet table

Name Badge/Lanyard Sponsor - \$2,000 (max 1)

One Exhibit Table | Two Complimentary NW Medicare Summit Attendee Registrations | Two Complimentary Medicare Exhibitor Registrations | Half page color advertisement in Event Program | Logo printed on name badges and lanyards

Registration Table Sponsor - \$1,000 (max 2)

One Exhibit Table | Two Complimentary NW Medicare Summit Attendee Registrations | Two Complimentary Medicare Exhibitor Registrations | Quarter page color advertisement in Event Program | Company tablecloth on registration table

Reception Sponsor - \$1,500 (max 2)

One Exhibit Table | Two Complimentary NW Medicare Summit Attendee Registrations | Two Complimentary Medicare Exhibitor Registrations | Quarter page color advertisement in Event Program

Break Sponsor for AM and PM - \$500 each (max 2 per break)

One Complimentary NW Medicare Summit Exhibitor Registrations | Quarter page color advertisement in Event Program | If you would like to add an exhibit table, we are happy to offer a discounted rate of \$300 instead of the standard \$600. Please contact the NABIP Oregon office for details.

Exhibit Table - \$600 each

One Exhibit Table | One Complimentary NW Medicare Summit Exhibitor Registration

NABIP OR 2025 NW Medicare Summit Sponsorship Opportunities

July 9 - 10 2025

Company (exactly as it should appear on all materials): _____

Contact Person for Event: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Sponsorship Package Selection

- | | |
|---|---------|
| <input type="checkbox"/> Gold Sponsor | \$2,000 |
| <input type="checkbox"/> Silver Sponsor | \$1,500 |
| <input type="checkbox"/> Bronze Sponsor | \$1,000 |
| <input type="checkbox"/> Lunch Sponsor | \$2,000 |
| <input type="checkbox"/> Breakfast Sponsor | \$1,500 |
| <input type="checkbox"/> Name Badge/Lanyard Sponsor | \$2,000 |
| <input type="checkbox"/> Registration Sponsor | \$1,000 |
| <input type="checkbox"/> Reception Sponsor | \$1,500 |
| <input type="checkbox"/> AM Break Sponsor | \$500 |
| <input type="checkbox"/> PM Break Sponsor | \$500 |
| <input type="checkbox"/> Exhibit Table | \$600 |

Total Amount Due \$_____

Requirements and Terms:

- All sponsorships must be paid in full 30 days prior to printing event materials.
- All sponsorships are sold on first-come, first-served basis. NABIP OR reserves the right to assign sponsorships.
- By submitting the Sponsorship Agreement form to the NABIP OR, I understand and agree to the provisions and terms and conditions listed on this agreement and am authorized to execute this Sponsorship Agreement on behalf of my company.
- Cancellation policy: Any cancellations received 30 days prior to event date will receive a 50% refund. Any cancellations received after that will not receive a refund.

PAYMENT

Check (payable to NABIP Oregon) or **Credit Card** Visa MasterCard American Express Discover

Card Number: _____ Exp. Date: _____ CVV #: _____

Amount Authorized: \$ _____

Cardholder Name: _____ Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Question? Contact the NABIP office at info@nabip-oregon.org