



Resident Employment Contract Review Reimbursement SPONSORSHIP OVERVIEW

The Ohio Academy of Family Physicians (OAFP) understands and appreciates how complex it is to be a graduating resident and want to help make the transition to practicing full-time family medicine as easy as possible for resident members. To ease this burden, the OAFP provides its resident members with financial support to have their Ohio employment contract reviewed by an attorney of their choosing. We consider this member benefit a commitment to the next generation of family physicians in Ohio.

As a sponsor of the Resident Employment Contract Review Reimbursement program, you will support this commitment and positively impact the beginning of a family physicians' career. Your sponsorship will pledge a partnership with the OAFP and affirm the importance of a strong primary care workforce.

SPONSOR BENEFITS - \$2,500

The OAFP will accept a maximum of three sponsors for the Resident Contract Review Reimbursement program. Each sponsorship contract will span 12 calendar months from the date of the signed contract. Sponsor benefits include:

- Linked logo on the Resident Contract Review Reimbursement program page of the OAFP website
- Linked logo on promotions for the Resident Employment Contract Review Reimbursement program, including direct-to-member emails and e-newsletter articles
- A sponsored resident resource file on the OhioAFP app, listing up to 5 PDF or linked resources/promotions
- An Excel file provided on a quarterly basis with the names and mailing addresses of resident recipients for the length of the contract.

QUESTIONS

If you have questions regarding the sponsorship of the Resident Contract Review Reimbursement program, please contact Jessica Gmerick at jgmerick@ohioafp.org.

SPONSORSHIP AGREEMENT

Company Name _____

Contact Name _____

Street Address _____

City/State/Zip _____ Phone _____

Email _____ Website _____

The sponsor understands that it is responsible for providing a high resolution, JPEG logo file, sized 250x150 pixels, to the OAFP for promotions, as well as 5 links and/or PDF files (maximum) to be included in the resident resources folder on the OhioAFP app.

PAYMENT

Check (Payable to the Ohio Academy of Family Physicians)

Visa Mastercard AMEX Discover

Card # _____ Name _____

Exp. Date _____ Verification Code _____

Billing Address _____

Authorized Signature _____

We agree to all terms, regulations, and conditions set forth in the exhibitor and sponsor guidelines and elsewhere in this contract. This application is hereby made for program sponsorship.