



Virginia Occupational Therapy Association  
Richmond, VA 23233  
Phone: (804) 754-4120 Fax: (804) 754-0801  
[office@vaota.org](mailto:office@vaota.org)

August 2019

Dear Occupational Therapy Supporter,

*How do you keep a newly paralyzed athlete involved in sports? How do you guide a teenage girl without sight to live an independent adult life? How do you help a little boy who lost his hands to sepsis swing a bat, climb the monkey bars, or just be a kid?*

**Occupational Therapy** can help these - and countless other individuals - live satisfying, productive lives in spite of their challenges. The **Virginia Occupational Therapy Association (VOTA)** exists to advance the practice of occupational therapy (OT) through advocacy, education, and support of its members. A key aspect of our work is to help ensure another generation of therapists get the training they need, and **we need your help!**

As we at **VOTA** prepare for our annual fall conference from October 11<sup>th</sup>-13<sup>th</sup> in Reston, VA we invite your organization to consider helping in any of the following ways:

- Donate an item to our silent auction or raffle.
- Be a conference sponsor.
- Purchase a conference registration in your organization's name. We'll award it to one lucky VOTA member who will attend the conference in your organization's honor!

Support VOTA's efforts and you:

- Establish your organization as one that cares about its community.
- Reach hundreds of healthcare professionals from across the state who interact and network within their own communities on a daily basis.
- Help thousands of Virginians live more empowered, independent, and fulfilling lives!

Please choose from one of the listed options to support the **Virginia Occupational Therapy Association**. We promise it will make a real impact! Please feel free to reach out if you have any questions!

Thank you for your time and support!

Sincerely,  
Erin Clemens, OTR/L, BCP  
VOTA President

- 1. Sponsor the Conference.** We have several different tiers of sponsorships available to fit any budget! See the attached packet for more information. If you would like a more tailored sponsorship, please feel free to reach out directly to the President of VOTA, Erin Clemens at: [erin@pediatricachievements.com](mailto:erin@pediatricachievements.com) or 703-491-1044 and she is happy to work with you on a package that will fit your needs!
  
- 2. Purchase a Registration.** Purchase a conference registration for \$265 in your name/your organization's name! We will choose one lucky member who will receive their registration for FREE in your honor! Contact the VOTA office if you are interested in this option: [info@vaota.org](mailto:info@vaota.org) or 804-523-2911.
  
- 3. Donate to Student Scholarships.** Donate a raffle item or a silent auction themed basket. All proceeds from the raffle and auction sales are put toward scholarships. Items can be brought directly to Reston on October 11<sup>th</sup>, given to a member of VOTA who will be attending conference, or dropped off at our management office in Richmond, located at 6200 Lakeside Avenue.

Any donated items must have the following information accompanying it:

- Organization or individual donor's name, as well as a contact person.
- Organization or individual donor's address, phone number, and email (for any questions we may have).
- Item name, description, and estimated value.
- Confirmation that the item will be delivered to conference, or details on another method of delivery.

VOTA is a 501(c)3 non-profit organization, and your donation is 100% tax deductible! Our tax ID number is 54-150-8892. All auction and raffle monies go to fund the VOTA Scholarship Awards Program. NOTE: For any item valued at \$250 or higher, VOTA can provide a written acknowledgement of your contribution, which you may need when you file your taxes. Contact our main office at [office@vaota.org](mailto:office@vaota.org).

- 4. Purchase an Exhibitor Table at Conference.** You can set up a table from Friday evening, October 11<sup>th</sup> through Saturday morning, October 13<sup>th</sup> and reach several hundred occupational therapy practitioners from across the state! See the attached packet for more information.



## **2019 VOTA Annual Conference**

The Virginia Occupational Therapy Association is the state association that represents occupational therapists (OTs), occupational therapy assistants (OTAs), and OT/OTA students who live and work/study in the Commonwealth of Virginia. Our board is made up of volunteers who lead the organization's efforts of providing over 500 members with continuing education, legislative representation, awards, and scholarship opportunities.

**2019 VOTA Annual Conference**

**October 11-13, 2019**

**Sheraton Reston Hotel, Reston, VA**

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**Pre Conference Institute: October 11<sup>th</sup>**

**Keynote: October 12<sup>th</sup>**

**Exhibit floor opens: October 11<sup>th</sup>**

The Virginia Occupational Therapy Association (VOTA) hosts an annual conference that provides 28 continuing education sessions in three days. Each year this conference reaches hundreds of professional and students within the state of Virginia.

Thank you for considering a sponsorship for this important learning event!

## SPONSOR BENEFITS

<b>Sponsor Benefits</b>	<b>Diamond Sponsor \$2,500</b>	<b>Gold Sponsor \$2,000</b>	<b>Silver Sponsor \$1,500</b>	<b>Bronze Sponsor \$1,000</b>	<b>President Level Sponsor \$500</b>
Recognition on the VOTA website	*	*	*	*	*
Recognition in the conference program*	*	*	*	*	*
Exhibitor Table	*	*	*	*	*
Complimentary Registration	2	*	*	*	*
Items in conference tote bag	4	2	1	1	
Recognition in the VOTA Email messages	*	*	*	*	
Advertisement in conference program*	Full Page	½ page	½ page	¼ page	
Logo on conference signs	*	*	*	*	
Logo on conference tote bag	*	*			
Logo on conference email announcements*	*	*			
Logo on VOTA website	*	*			
5 minutes at morning plenary	*				

\*Deadline for sponsorship is Monday, September 30, 2019.

If applicable, please send appropriate size ad and/or logo to: [office@vaota.org](mailto:office@vaota.org)

Please provide complimentary registration information by Friday, October 4, 2019.



## SPONSOR INFORMATION

Name \_\_\_\_\_

Organization \_\_\_\_\_

Attendee \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

**SPONSORSHIP LEVEL:**

**President: \$500**

(Includes 4 of the following. Please indicate your choices.)

<input type="checkbox"/> Recognition on VOTA Website	<input type="checkbox"/> Recognition on conference program
<input type="checkbox"/> Exhibitor Table	<input type="checkbox"/> Complimentary Registration
<input type="checkbox"/> 1 Item in tote bag	<input type="checkbox"/> ¼ Page advertisement in conference program

The following sponsorship levels include all of the President level items!	
<input type="checkbox"/> <b>Bronze: \$1,000</b>	<input type="checkbox"/> <b>Silver: \$1,500</b>
<input type="checkbox"/> <b>Gold: \$2,000</b>	<input type="checkbox"/> <b>Diamond: \$2,500</b>

**INDIVIDUAL ITEMS:**

- |  |  |
|--|--|
| <p><input type="checkbox"/> Recognition on VOTA website (logo not included)      \$ 250</p> <p><input type="checkbox"/> Recognition on VOTA website (logo included!)      \$ 300</p> <p><input type="checkbox"/> Recognition in conference program      \$ 300</p> <p><input type="checkbox"/> Recognition in VOTA emails      \$ 350</p> <p><input type="checkbox"/> Full Page ad in conference program      \$ 450</p> <p><input type="checkbox"/> ½ page ad in conference program*      \$ 350</p> <p><input type="checkbox"/> ¼ Page ad in conference program*      \$ 200</p> | <p><input type="checkbox"/> Exhibitor Table      \$ 400</p> <p><input type="checkbox"/> Vendor Registration      \$ 200</p> <p><input type="checkbox"/> Logo on conference tote bag      \$ 400</p> <p><input type="checkbox"/> Logo on conference signs      \$ 300</p> <p><input type="checkbox"/> Logo on conference emails*      \$ 250</p> <p><input type="checkbox"/> Item in tote bag      \$ 200</p> |
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**PAYMENT INFORMATION:**

Check number \_\_\_\_\_

Credit Card

Credit Card Type

Visa

MasterCard

American Express

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Billing Address \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVC Code \_\_\_\_\_

**SUBMISSION INFORMATION**

Please mail or email this form with payment to: VOTA: 6200 Lakeside Avenue, Richmond, VA 23228

Email: [Office@vaota.org](mailto:Office@vaota.org)