



Dear Prospective Sponsor,

Placing a high value on the health and safety of workers is a hallmark of many successful organizations, but rarely do these organizations have a chance to publicly promote this ideal.

In March 2026, your organization will have a chance to promote your commitment to the wellbeing of all workers and their families at the Cascade Safety & Health Conference at the Graduate Eugene (March 3 and 4). This biennial event brings together hundreds of people and organizations from the region who attend educational sessions, learn about new products, and renew their commitment to preventing injuries, illness, and deaths in the workplace. The event is a joint effort of the American Society of Safety Professionals (ASSP) Cascade Chapter, Lane County Human Resource Association (LCHRA), and Oregon OSHA.

***Thank you to the  
2024 conference  
sponsors***

EWEB  
SAIF Corporation  
WHA Insurance  
HUB International  
SHARP Alliance  
AGC  
LCHRA  
Anadyne

For the past 40 years, local organizations have demonstrated their commitment to keeping workers safe and healthy by proudly sponsoring this conference. It has been through this generosity the Cascade Occupational Safety & Health Conference has been able to provide valuable opportunities to share best practices, networking opportunities, and professional development that attendees take back to their employer. Please join us in the goal of keeping workers safe and healthy by becoming a sponsor of the 21<sup>th</sup> biennial conference.

**Advocate of Safety and Health**

**\$250**

Your organization's name will be printed in the conference program and will be announced during introductory remarks before the Opening/Keynote presentation.

**Benefactor of Safety and Health**

**\$251- \$999**

Sponsors at this level receive all the benefits awarded to Advocates plus your organization's logo will be printed in conference program and the name will be listed in all marketing materials. Your organization's name and/or logo will also be included on a PowerPoint presentation that runs in a loop in the Exhibit Hall during exhibit and break times.

**Champion of Safety and Health**

**\$1,000 or more**

Sponsors at this level receive all the benefits of the lower levels plus receive a free booth in the Exhibitor Hall or a complimentary registration to the conference.

Thank you in advance for the time spent considering this request. For more information or to sign up as a sponsor, please feel free to contact us.

Sincerely,

Kristian Knudson  
Sponsorship Co-Chair  
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Dennis Hughes  
Sponsorship Co-Chair  
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**Please mail sponsorships to:**

Cascade Conference  
PO Box 5640, Salem, OR 97304-0640

Checks can be made payable to:  
American Society of Safety  
Professionals, Cascade Chapter  
Federal Tax ID: 36-3662664

**21<sup>st</sup> Biennial Cascade Occupational Safety & Health Conference**

**March 3 & 4, 2026**

**Graduate Eugene • Eugene, Oregon**

**SPONSORSHIP DONATION FORM**

PLEASE PRINT OR TYPE

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Position/Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Our company would like to be  
a sponsor at the following level:**

**Please mark your category**

Champion sponsor	\$ 1,000 or more	<input type="checkbox"/>
Benefactor sponsor	\$ 251-999	<input type="checkbox"/>
Advocate sponsor	\$ 250	<input type="checkbox"/>
Lunch co-sponsor	\$ 1,000	<input type="checkbox"/>
Breakfast co-sponsor	\$ 750	<input type="checkbox"/>

PLEASE NOTE: MEAL SPONSORSHIP IS ON A FIRST-COME, FIRST-SERVED BASIS. ALSO FULL MEAL SPONSORSHIPS ARE AVAILABLE.

Upon receipt of your registration and payment, you will receive a confirmation letter letting you know the set up times and our on-site contact person.

Please return this form and your check or credit card information to:

Amount Enclosed: \$ \_\_\_\_\_

**Sponsorship fee is non-refundable**

Charge my: ☐ MasterCard ☐ VISA ☐ American Express ☐ Discover

Name on card: (*print*) \_\_\_\_\_

Billing address: \_\_\_\_\_

Exp. date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Credit card #