

Dear Safety & Health minded individual:

We would like to take this opportunity to request and encourage your donation in support of the **2025 Mid-Oregon Construction Safety Summit** slated for January 27 & 28, 2025, in Bend.



The 2025 Construction Safety Summit targets some of the most hazardous tasks found on construction sites. The event is tailored to bring the most relevant and timely information and tools to assist employers and employees in reducing and eliminating injuries and illnesses on their jobs.

Our goal is to offer affordable training that provides the central Oregon construction industry the tools to work in a safer, more efficient manner. With your help we can do this. It is our belief that it takes ALL trades working together to make a project and jobsite 100% safe. Working together we can make a difference.

There are a number of ways this can be accomplished. You can sponsor a lunch, break, speaker, or any amount to help cover the costs of the Summit event.

**How will your generous sponsorship be recognized?** All sponsors will have their company logo on a scrolling marquee at the event in the general session/meal space and outside each classroom, in the mobile event app, and the company name listed in the registration materials.

**Primary sponsors** donating \$1,500 or more will be honored in media releases/ads about the even and receive two complimentary attendee registrations or an exhibit space.

**Support sponsors** donating \$750 to \$1,499 will receive one complimentary Tuesday conference registration. **Any sponsor donating \$750 or more will have their logo on the conference t-shirt given to each attendee (to be eligible, pledge or pay by Dec. 2, 2024).**

**Sponsorships opportunities:**

Primary sponsor	\$1,500 or more
Support sponsor	\$ 750-1,499
Contributor sponsor	\$ 250-749
Meal sponsor -- Lunch co-sponsor*	\$1,000
Meal sponsor -- Breakfast co-sponsor*	\$ 750

\* Breakfast and lunch sponsorships issued on first-come, first-served basis

Once again, please take time to consider our request for sponsorship of the **22<sup>nd</sup> Annual Mid-Oregon Construction Safety Summit**. After all, your sponsorship will be a “safe” investment to the working trades of Central Oregon.

Sincerely,

**Mid-Oregon Construction Safety Summit and the  
Central Oregon Safety and Health Association (COSHA)**

Questions? Contact the Conference Section 503-947-7411; [oregon.conferences@dcbs.oregon.gov](mailto:oregon.conferences@dcbs.oregon.gov)

Pay your Sponsorship online using this link: <https://safetyseries.cventevents.com/supportsummit25>

22<sup>nd</sup> Annual Mid-Oregon Construction Safety Summit

January 27 & 28, 2025

Riverhouse Lodge (formerly Riverhouse on the Deschutes) – Bend, Oregon

Pay your Sponsorship online using this link: <https://safetyseries.cventevents.com/supportsummit25>

SPONSORSHIP DONATION FORM

PLEASE PRINT OR TYPE

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

Please mark your category

- Primary sponsor \$1,500 or more
- Support sponsor \$ 750-1,499
- Contributor sponsor \$ 250-749
- Lunch co-sponsor \$ 1,000
- Breakfast co-sponsor \$ 750

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: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone number: \_\_\_\_\_

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

Credit card # Credit card #

**COSHA – Construction Summit**  
PO Box 5640  
Salem, OR 97304-0640  
FAX# 503-947-7019

**Office Use Only**  
Date rec. \_\_\_\_\_  
Amt Rec. \_\_\_\_\_  
Check # \_\_\_\_\_  
CC 4 digits \_\_\_\_\_  
By: \_\_\_\_\_