



Corporate Sponsor Application

Part I: Company Information

Company Name: _____ Phone: _____

Contact Name: _____ Phone: _____

Business Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ FAX: _____ Website: _____

Regional Rep (if applicable): _____ Phone: _____

Email: _____

Part II: Quality Assurance/Standards of Operating Procedures

As part of our effort to secure wider acceptance of Naturopathic Medicine, the OANP is asking Corporate Sponsors to assist us in promoting a high level of Quality Assurance for the manufacturing and distribution of materials, nutraceuticals, and products commonly used by Naturopathic Physicians. If you are renewing your sponsorship, we do not need these materials again. For new applicants, **please submit a Letter of Intent along with this application, that outlines the following items (renewing applicants may skip this section):**

- € Your company's Quality Assurance measures;
- € The Table of Contents of your company's Standards of Operating Procedures (SOPs). If not available, a description of what steps you are taking to create SOPs;
- € Measures taken by your company for verification of label and marketing claims.

Part III: Sponsor Fees

Corporate Sponsorship is based on a tiered system, outlined on the back of this application.

Basic \$500 Vital \$1,000 Premier \$5,000 Event sponsorship \$250 - \$3,000

You may pay by check or charge to your Visa/MasterCard

Card # _____ Name on Card: _____

Exp: _____ Security Code: _____ (last 3 digits on signature panel)

Please mail or fax completed application to:
OANP, P.O. Box 5876, Portland, OR 97228, FAX 503-262-8586