



Ontario
Chiropractic
Association

The OCA welcomes and thanks you for your interest in becoming our partner. Please complete the form below and a representative will be in touch with you to discuss the potential of a partnership.

Company name:

Representative name:

Representative title:

Phone #:

Email address:

Company website address:

The following form is separated into three sections which align with the Affinity Program goals:

- Services / Products
- Continuing Education
- Commission structure (sponsorship)



Services / Products

1. Tell us about your products you can offer our OCA members

<u>Please list the products / services you can offer our OCA members:</u>	<u>Please provide details of the special group rate or service you will offer the OCA members</u>
1. .	
2. .	
3. .	
4. .	
5. .	



Continuing Education Program

2. Tell us about the continuing education program you can offer our OCA members

Please list the CE topics you can offer our OCA members:	FORMAT	COST	TIME OF YEAR	ATTENDEE KNOWLEDGE LEVEL	PROMOTIONAL BLURB
	<i>Indicate suggested format for delivering CE topics e.g. webinar, template, checklist, article etc.</i>	<i>Indicate cost of CE (preference will be given to free CE)</i>	<i>Indicate month e.g. January, Any-time etc.</i>	<i>Indicate Beginner, Intermediate or Advance</i>	
1. .	Other:				
2. .	Other:				
3. .	Other:				
4. .	Other:				
5. .	Other:				



Sponsorship

3. Please provide details of the sponsorship to the OCA

References

4. Please include a minimum of three references.

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Other

5. Describe your expectations of the partnership program?

6. Is there anything else we should know? We recommend including links to videos, attachments/links to written submissions etc.

We are looking forward to building a rewarding relationship for everyone.

Please email us the completed form at your earliest convenience.