



OHA SOLUTIONS STAFFING PROGRAM MASTER AGREEMENT

USE OF NAME REQUEST

XII. USE OF NAME

Agency shall not use or imply the name of OHA Solutions, Ohio Hospital Association or any Participating Institution in connection with any advertising, public relations or recruitment without the prior written consent of OHA Solutions and, as applicable, any Participating Institution.

Name of Agency: _____

Branch or Division (if applicable): _____

Agency Contact: _____

Phone: _____ Email: _____

Date Submitted: _____ Date Needed: _____

Reason for Request: _____ Advertising of Services _____ Public Relations _____ Recruitment

To Be Used In: _____ Newspaper _____ Trade Journal _____ Brochure _____ Signage _____ Website _____
_____ Other: (list) _____

Does this Request include use of OHA Solutions logo? _____ Yes _____ No

Expected Dates Needed: _____

Submit text, copy, blue line or proof to:
Nancy Melcher-Webb
Director, OHA Solutions Staffing Program
Ohio Hospital Association
155 East Broad Street 15t floor
Columbus, Ohio 43215

Or email nwebb@ohanet.org

Or fax to 614-255-4835

Approved by: _____ Date: _____

Comments: _____