

WELCOME



Homecoming

140th Annual Convention

Arkansas Pharmacists Association

Exhibitor Prospectus

June 15-16, 2023

DoubleTree by Hilton

Little Rock, AR





June 14-16, 2023
Doubletree by Hilton
Little Rock, AR

The premier gathering of pharmacy professionals in Arkansas
This is the one to attend!

Deadline for Exhibiting & Contributor Levels
June 2nd

Decorating & Drayage Service & Room Reservations

Additional accessories or services related to displaying, use contact:

Doubletree by Hilton—Little Rock
424 W. Markham Street
Little Rock, AR 72201
(501) 372-4371

Please Ask for the **Arkansas Pharmacists Association Convention Room Rate.**
Block will be held until May 16th

Exhibitor Setup & Removal

Exhibit setup time will be from 8AM—5:30PM on Thursday June 14th. Exhibits must be completely setup by 6 PM. Breakdown may not begin until after 2PM Friday, June 16th.

The Attendees

APA anticipates attendees from all sectors of the pharmacy profession: Independent retail, chain retail, hospital, compounding, consulting, academia, and managed care. Attendees are always looking for exhibitors who can provide products or services to improve both their practices and their businesses.

For Additional Information

Arkansas Pharmacists Association
417 S Victory Street
Little Rock, AR 72201
(501) 372-5250 PHONE
www.arrx.org/convention

****To inquire about Sponsorship & Silent Auction opportunities,**
please contact
Angela Dugger, angela@arrx.org

Exhibit Hours

Thursday, June 15th 6PM to 8PM *

Opening Reception & Exhibits—Food & Activities

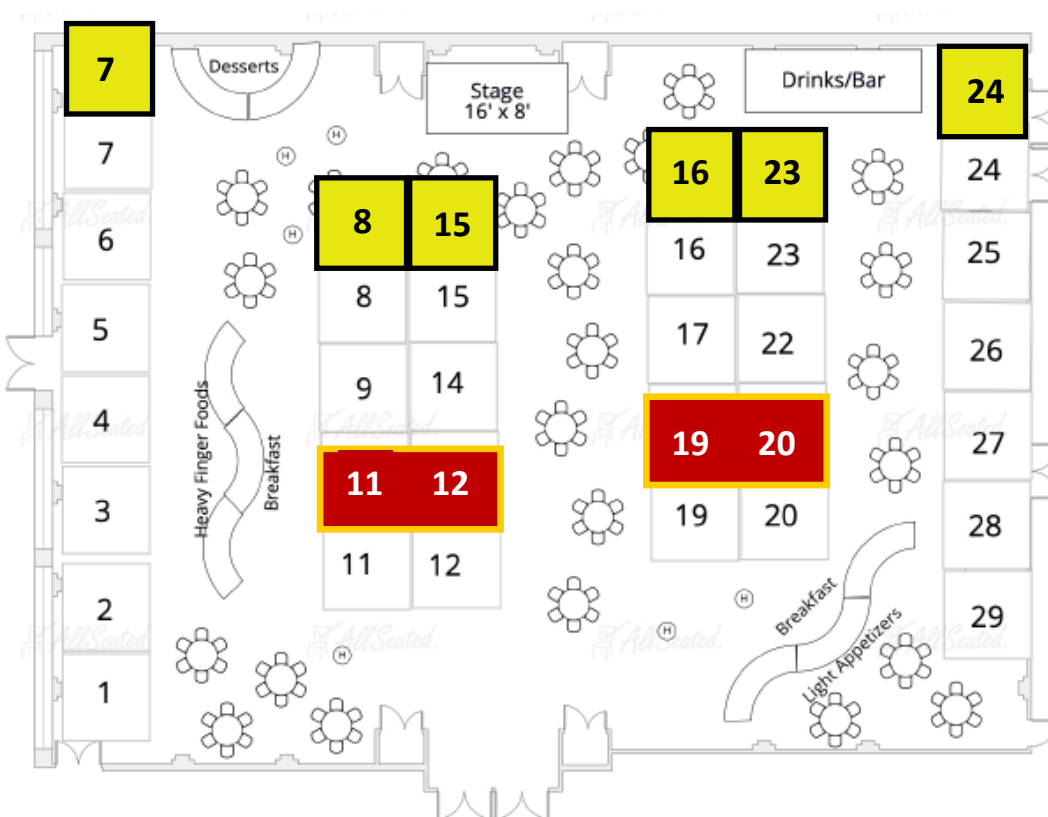
Friday, June 16th—12Noon to 2PM *

Luncheon & Exhibits for all attendees



**Times are subject to change. Please make sure to provide a correct email address to stay notified of convention schedule changes.*

**2 Complimentary Vendor Attendees. \$50 for each additional person.*



Exhibitor Silver Booths:

7,8,15,16,
23 & 24

Exhibitor Gold Level Package Booths:

11 & 12
19 & 20

Exhibitor Specifications

All exhibits are complete with an identification sign, skirted table, two chairs, and wastebasket. If you require electricity, it is available for a nominal fee. Contact Angela Dugger angela@arrx.org for information regarding additional electrical needs. Single booths are 8x8 and double booths are 16x16.

The Arkansas Pharmacists Association invites you to participate
140th Annual Convention

June 15-16, 2023, at the Doubletree by Hilton Downtown Little Rock.

Contribution opportunities and Exhibit Space are limited and filled on a first-come, first-served basis. The APA staff will work with you to make your participation both productive and enjoyable.

**Please contact Angela Dugger at (501) 372-5250
if you need additional information.**



Exhibitor Package - \$ 950

Convention Booth, recognition on APA's website (www.arrx.org), listing in Annual Meeting Program, convention photo in *ARRx – The Arkansas Pharmacist*, 10% discount on any size 4-color ad in *ARRx – The Arkansas Pharmacist*.



Exhibitor Silver Package- \$ 1,800

Premium Convention Booth location, recognition on APA's website (www.arrx.org), listing in Annual Meeting Program, convention photo in *ARRx – The Arkansas Pharmacist*, 10% discount on any size 4-color ad in *ARRx – The Arkansas Pharmacist*.



Exhibitor Gold Level Package - \$ 2,300

Exhibitor Silver Package PLUS double booth location, contributor of a continental breakfast, break refreshments OR reception, signage at sponsored event, recognition in *ARRx – The Arkansas Pharmacist*, 25% discount on full page 4-color ad in *ARRx – The Arkansas Pharmacist*.



Platinum Level Package - \$ 3,000

Exhibitor Gold PLUS contributor to a major convention social event, sponsor feature distributed to full APA membership in APA's *InterRxActions e-newsletter*, recognition in *ARRx – The Arkansas Pharmacist*, 50% discount on full page 4-color ad in *ARRx – The Arkansas Pharmacist*.



140th Annual APA Convention

June 15—16, 2023

Doubletree by Hilton Downtown Little Rock

Exhibitor & Sponsorship Contract

Company Information

Exhibiting Company: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Company Contact Person

Contact Person: _____

Contact Person Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Business Phone: _____ Cell Phone: _____

Booth Choice #1 _____ Booth Choice #2 _____ Booth Choice #3 _____

Contributor Level

_____ # Extra People at your Booth x \$50

_____ Exhibitor Package - \$950 _____ Exhibitor Silver Package - \$1,800

_____ Exhibitor Gold Level Package - \$ 2,300 _____ Platinum Level Package - \$3,000

\$ _____
Total Amount Due

Identification Sign- An identification sign will be provided for each exhibit. Please print the text for your sign here (limit 30 characters): _____

A Silent Auction will be held on Thursday & Friday . Exhibitors are welcome to provide an item for the auction valued at more than \$50. Proceeds benefit the Phoenix Project (rebuilding project) for APA Headquarters.

Signature

I understand that if APA is not successful in securing either of the requested exhibit spaces, one may be assigned to us. I understand that no refunds will be issued. I have provided current contact information; I understand that any changes in convention times will be communicated through our above authorized contact person.

Signature

Date

Print Name

Title

Print or Email a completed copy to:

Arkansas Pharmacists Association ATTN: Angela Dugger angela@arrx.org
417 S Victory St., Little Rock, AR 72201 * P(501) 372-5250



2 Complimentary
Registrations per
Vendor. \$50 for
each additional
person.

COMPLIMENTARY

EXHIBITOR REGISTRATION FORM

(Please complete & return with contract no later than June 2, 2023)

Email to angela@arrx.org

NAME: _____
(As you would like it to appear on name tag.)

TITLE: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____

EMAIL: _____

Please check if this is your first APA convention. _____

Two complimentary forms are enclosed. If you need additional forms for rotating representatives, please make copies of this form. Please be sure to include all representatives. This information is required so that packets can be prepared prior to your arrival. Packets will be available at the registration desk and need to be claimed prior to exhibition on Thursday evening.

FOR OFFICE USE ONLY

Date Received _____ Contract Received _____ Booth # _____



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COMPLIMENTARY

EXHIBITOR REGISTRATION FORM

(Please complete & return with contract no later than June 2, 2023)

Email to angela@arrx.org

Make copies of this page for any extra people at your booth and mark as EXTRA.

NAME: _____
(As you would like it to appear on name tag.)

TITLE: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____

EMAIL: _____

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Two complimentary forms are enclosed. If you need additional forms for rotating representatives, please make copies of this form. Please be sure to include all representatives. This information is required so that packets can be prepared prior to your arrival. Packets will be available at the registration desk and need to be claimed prior to exhibition on Thursday evening.

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Date Received _____ Contract Received _____ Booth # _____



2023

Silent Auction

Donation Form

Our company wishes to donate the following item(s) for the **Arkansas Pharmacists Foundation Silent Auction**. Viewing and bidding will be held in the evening and during the day June 15-16. Winners will be announced June 16th after lunch at 1:30PM. All proceeds benefit the **APA Phoenix Fund**. A devastating fire destroyed the APA headquarters in downtown Little Rock during 2020. 'Rising Like a Phoenix' from the ashes, APA established Phoenix Fund to help pay for rebuilding. Values will be attributed to each item after the auction and credited to the gifting organization by the AP Foundation. *Arkansas Pharmacy Foundation is a qualified 501(c)(3) charitable organization. Federal Tax ID Number: 71:0782103.* Receipts upon request.

Item(s): _____

Please check one of the following:

- ____ Our company will ship/drop-off our item(s) to the APA office prior to convention. **Deadline is May 19, 2023.**
- ____ A representative will bring item(s) to the convention registration desk. **Quality photo of the item must be emailed to angela@arrx.org by May 19, 2023 for display.** (preferred)

Company Name

Signature:

Contact Person (Print)

Address

City State Zip

Phone Number Fax Number Email

Please email to **Angela Dugger**, Director of Membership & Development
no later than May 19, 2023 angela@arrx.org