



**132nd Annual APA Convention
June 12-13 , 2014
Chancellor Hotel - Fayetteville
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 _____

Sponsorship Level

_____ **Silver** - \$750 _____ **Gold** - \$1,500 _____ **Platinum** - \$2,500 _____ **Golf Sponsor** - \$3,000

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

Prize Drawings will be held in the exhibit hall area on Thursday evening, June 12th and Friday, June 13th. Exhibitors are welcome to supply prizes for the prize drawings.

The Convention Golf Scramble will be held on Wednesday, June 11th in the afternoon. Exhibitors are welcome to participate in the Scramble. Please contact the APA office for registration information.

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

Please mail, fax or e-mail this completed form to:

Arkansas Pharmacists Association Attn: **Celeste Reid** celeste@arrx.org
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