

APA Virtual Meeting Contribution Opportunities



As COVID-19 changes all our lives both personally and professionally, APA is committed to being as flexible as we need to be to help our members and our valued contributing partners. To accommodate social distancing guidelines, we are introducing the first APA Virtual Meeting event. As a valued partner, we are grateful for your support of the APA Annual Convention in the past and hope we can count on your support in this new venture. Please see the packages below that will offer many ways to connect and be present during this changing virtual event world.

Contributor Benefits

Company Profile on Meeting Page: Name, Logo, Type of Company, Website, Social Media Links

Clickable logo on the Virtual Meeting Webpage

Clickable logo on the Virtual Meeting Emails.

Logo and mention in Pre-Meeting Video with login instructions for attendees

Social Media Spotlights before and after the Virtual event

Promotional Materials included in the digital meeting packet for attendees

1/2 Page Full color advertisement in one AR-RX quarterly magazine before 2022

Sponsor Spotlight during breaks and Lunch. You will be able to provide a 3-5 minutes elevator pitch video about your company that will play during breaks and lunch

PLATINUM
PACKAGE
\$ 1,600



GOLD
PACKAGE
\$ 1,200



SILVER
PACKAGE
\$ 800



** All Packages include one full meeting registration.*





APA Virtual Meeting
June 12, 2020
Contributor Contract

Company Information for Profile

Contributor Company: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Type of Company: _____ Website: _____

Social Media links: Facebook: _____

Instagram: _____

Twitter: _____

Email a company logo to susannah@arrx.org

Company Contact Person

Contact Person: _____

Contact Person Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Business Phone: _____ Cell Phone: _____

Contributor Level

____ Silver - \$800 ____ Gold - \$1,200 ____ Platinum - \$1,600

**See flyer for contributor package information*

Prize drawings will still be held throughout the virtual meeting. Contributors are welcome to supply prizes for the drawings. If you would like to participate please let us know below what you would like to provide. We will send you the contact information for the winner after the meeting for you to send the prize to them directly.

____ Yes, we will provide a prize. The prize will be _____

____ No, we will not provide a prize.

Signature

I understand that no refunds will be issued. I have provided current contact information for communication with APA.

Signature Date

Print Name Title



Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ Amex

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the card): _____

Amount to Charge: \$ _____

I authorize the Arkansas Pharmacists Association to charge the agreed amount listed above to the credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

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

Arkansas Pharmacists Association Attn: **Celeste Reid** celeste@arrx.org
417 South Victory St. Little Rock, AR 72201 • P-501-372-5250 F-501-372-0546