

Sponsorship Opportunities

35th ANNUAL SOUTHEASTERN GATHERIN'

SPONSORSHIP COMMITMENT:

Please indicate the sessions and events that your company or organization chooses to sponsor by checking the appropriate boxes, then complete the form.



QUESTIONS?
Call (850) 222-2400 Ext. 120

PREMIUM SPONSORSHIP

Platinum
(\$10,000+)

Gold
(\$7,500-\$9,999)

Silver
(\$5,000-\$7,499)

BASIC SPONSORSHIPS

- | | |
|---|-----------------|
| <input type="checkbox"/> Unrestricted Educational Grants (\$2,500 - \$4,999) | \$ _____ |
| <input type="checkbox"/> Gatherin' Registration Packets | \$ _____ |
| <input type="checkbox"/> Printing of CE Handouts, includes full page ad (\$2,000) | \$ _____ |
| <input type="checkbox"/> T-shirts with sponsor recognition (\$2,500) | \$ _____ |
| <input type="checkbox"/> Marketing Materials (\$650) | \$ _____ |
| <input type="checkbox"/> Lanyards with Sponsor Information (\$2,000) | \$ _____ |
| <input type="checkbox"/> Handouts on USB Drive with Sponsor Information (\$3,000) | \$ _____ |
| <input type="checkbox"/> Registration Bags (\$3,000) | \$ _____ |
| <input type="checkbox"/> Exhibit Hall Grand Opening (\$5,000) | \$ _____ |
| <input type="checkbox"/> Breakfast in Exhibit Hall (\$2,500) | \$ _____ |
| <input type="checkbox"/> Daily Breaks (\$2,000) | \$ _____ |
| <input type="checkbox"/> Poolside Party | \$ _____ |
| <input type="checkbox"/> Decorations (\$2,000) | \$ _____ |
| <input type="checkbox"/> Entertainment (2,500) | \$ _____ |
| <input type="checkbox"/> Food (\$5,000) | \$ _____ |
| <input type="checkbox"/> Product Theater (\$2,500) | \$ _____ |
| <input type="checkbox"/> Hotel Key Cards (\$3,000) | \$ _____ |
| <input type="checkbox"/> Internet in Meeting Space (\$7,500) | \$ _____ |
| TOTAL AMOUNT OF SPONSORSHIPS | \$ _____ |

Company Name: _____

Contact Person: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Check Enclosed payable to FPA in the amount of \$ _____

Credit Card AmEx Discover MasterCard Visa

Card #: _____ Exp. Date: _____ CVV Code: _____

Name on Card: _____

Signature: _____

Payment must be received by FPA before acknowledgement of sponsorship in any printing convention materials or on the FPA website. Sponsors will be listed in Convention schedules, advertising brochures, the Convention APP, signage and in the monthly publication of Florida Pharmacy Today. However, there are printing deadlines that must be met for each. DEADLINES: Brochure - 5/1/2018; Signage and Gatherin' Program - 6/22/18. Please contact the Director of Continuing Education, tmerren@pharmview.com, if you are interested in providing sponsorship during the 35th Annual Southeastern Gatherin'. Partial sponsorship is available.

Florida Pharmacy Association
610 North Adams Street • Tallahassee, FL 32301
(850) 222-2400, Ext. 120 • (850) 561-6758 Fax

35th SOUTHEASTERN GATHERIN' of the Florida Pharmacy Association

The Henderson Beach & Spa Resort • 200 Henderson Resort Way • Destin, FL 32541

APPLICATION FOR EXHIBIT SPACE

Please type or print clearly and mail to: FPA, 610 N. Adams Street, Tallahassee, Florida 32301.

Credit Card Payments may be faxed to 850-561-6758.

DEADLINE: All contracts and payments must be received by June 22, 2018.

Company Name (as it should appear in conference materials)

Contact Person

Company Mailing Address

City/State/Zip

Phone

Website Address

Billing Address (if different from Mailing Address)

Email

Associate Member? YES NO

Interested in Membership? YES NO

Brief description of company and the products/services that will be exhibited: _____

We would like to give the following door prize(s): _____

Name Badges: Please provide the following information for four individuals that will staff your booth. Additional name badges or changes made to printed badges will incur a fee of \$25.00

1. Name: _____

Email: _____

Phone: _____

2. Name: _____

Email: _____

Phone: _____

3. Name: _____

Email: _____

Phone: _____

4. Name: _____

Email: _____

Phone: _____

Please indicate companies which you prefer not to be located near:

Please indicate companies which you would like to be near:

<input type="checkbox"/> Single by 1/31/2018 - \$1,400	\$ _____
<input type="checkbox"/> Single after 1/31/2018- \$1,600	\$ _____
<input type="checkbox"/> Special Offer: 1 Booth at both conferences - \$1,800	\$ _____
TOTAL	\$ _____

Method of Payment:

Check enclosed payable to FPA

AmEx Discover MasterCard Visa

Credit Card Number

Expiration Date

CVV Code

Authorized Signature

Name as it appears on card

Payment must be received by FPA before a company's name is printed in conference materials or before they will be permitted in the exhibit area.

Contract Agreement

I am an authorized representative for the exhibiting company with full power and authority to sign this contract for exhibit space. The exhibiting company has read and understands the exhibit rules and regulations, and agrees to comply with them and with any modifications and amendments communicated hereafter.

Name: _____

Signature: _____

Date: _____