

# Sponsorship Opportunities

## 34<sup>th</sup> ANNUAL SOUTHEASTERN GATHERIN'



**Florida**  
**PHARMACY**  
ASSOCIATION

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

### 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.

**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"/> Final Night Party   | \$ _____ |
| <input type="checkbox"/> Decorations/Staging (\$2,000 - \$5,000)                                       | \$ _____ |
| <input type="checkbox"/> Entertainment (5,000)   | \$ _____ |
| <input type="checkbox"/> Food (\$5,000)  | \$ _____ |
| <input type="checkbox"/> Exhibit Hall Grand Opening (\$5,000)  | \$ _____ |
| <input type="checkbox"/> Breakfast in Exhibit Hall (\$5,000)   | \$ _____ |
| <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"/> Program Booklets with 5x7 ad ( <i>Inside Cover \$750/Back Cover \$1,000</i> ) | \$ _____ |
| <input type="checkbox"/> Marketing Materials (\$500)   | \$ _____ |
| <input type="checkbox"/> Lanyards with Sponsor Information (\$2,000)                                   | \$ _____ |
| <input type="checkbox"/> Handouts on USB Drive with Sponsor Information (\$3,000)                      | \$ _____ |
| <input type="checkbox"/> Daily Breaks ( <i>Many options available</i> )                                | \$ _____ |
| <input type="checkbox"/> Registration Bags (\$2,500)   | \$ _____ |
| <input type="checkbox"/> Product Theater (\$10,000)  | \$ _____ |

**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 - 5/1/2017; Signage and Gatherin' Program - 6/23/17. Please contact the Director of Continuing Education, tmerren@pharmview.com, if you are interested in providing sponsorship during the 34th 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

# 34<sup>th</sup> SOUTHEASTERN GATHERIN' of the Florida Pharmacy Association

Sandestin Golf and Beach Resort (Village of Baytowne Wharf) • 9300 Emerald Coast Pkwy W • Destin, FL 32550

## 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 23, 2017.**

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 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:

\_\_\_\_\_

Single by 1/31/2017 - \$1,200 \$ \_\_\_\_\_

Single after 1/31/2017- \$1,400 \$ \_\_\_\_\_

**Special Offer:**  
1 Booth at both conferences - \$1,600 \$ \_\_\_\_\_

**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: \_\_\_\_\_