

ANNUAL CONVENTION

OCTOBER 2-4 , 2020 • ARIZONA GRAND RESORT & SPA • PHOENIX



OVERVIEW

The AzPA Annual Convention will offer 15.0 hours (1.5 CEUs) of continuing pharmacy education for pharmacists and pharmacy technicians. In addition to the more than 25 CPE activities, the Convention features a special Student Track with unique programming for student pharmacists, Residency Programs, and preceptors.

MARKETING OPPORTUNITIES

- General Sponsorship
- Product Theater
- Exhibiting
- Social Events
- Receptions

CONVENTION SUPPORT LEVELS

BENEFITS	PREMIER \$20,000 PLUS	DIAMOND \$10,000 to \$19,999	PLATINIUM \$7,500 to \$9,999	GOLD \$5,000 to \$7,499	SILVER \$2,500 to \$4,999	BRONZE \$1,500 to \$2,499
PUBLIC RECOGNITION OF MARKETING SPONSORSHIP						
Recognition at Opening Session	✓	✓	✓	✓	✓	✓
Invitation to Welcome Reception	✓	✓	✓	✓	✓	✓
Recognition in the Arizona Journal of Pharmacy	4 Full Page Ads	2 Full Page Ads	1 Full Page Ad			
Company Name/Logo with link on AzPA website	Front Page	Front Page	Front Page			
Company name & logo include on signage at registration desk	✓	✓	✓	✓	✓	✓
Ad in Convention Program	Color Full Page, Outside Cover	Color Full Page	B&W Full Page	B&W 1/2 Page	50 % Discount	25 % Discount
Company representative invited onstage during opening General Session	✓	✓				
EXHIBIT HALL BOOTH						
Exhibit Booth Discounts***	Double Free	Double Free	Single Free	Single Free	50% discount	25% discount
CONVENTION REGISTRATIONS						
Complimentary Registrations to Full Convention	2	2	2			
Table for 8 at AzPA Awards Luncheon	✓	✓				
ADDITIONAL BENEFITS						
Convention Tote Bag Insert	✓	✓	✓			

PRODUCT THEATER

- This is your opportunity to present information about your product or services to pharmacists, residents, technicians and student pharmacists attending the AzPA Annual Convention. The material presented may concentrate on a specific product. Sessions are promotional and shall NOT offer continuing pharmacy education credit.



PACKAGE DETAILS

Include

- Lunch: 35-minute presentation
- Breakfast: 20-minute presentation
- Meal function attendee list
- Ad in the on-site program
- Two (2) event passes – Full access to educational sessions, social events and receptions
- Complimentary single exhibit booth - a \$1,695 value in premium location
- Complimentary convention Tote Bag Insert

FEE INCLUDES

- A/V, room fee, one (1) podium banner, and one (1) door poster recognizing vendor
- Any other benefits listed on page 2 for respective support level

FEES

BREAKFAST (SATURDAY OR SUNDAY)

\$40 PP + \$750 ROOM CHARGE OR
\$6,000 FLAT FEE

LUNCHEON (THURSDAY)

\$55 PP + \$750 ROOM CHARGE OR
\$5,500 FLAT FEE (BUFFET) OR
\$7,500 (PLATED)

LUNCHEON (FRIDAY)

\$55 PP + \$750 ROOM CHARGE OR
\$7,500 FLAT FEE (BUFFET) OR
\$10,750 (PLATED)

SPECIALTY MARKETING

TOTE BAGS

\$2,500

This permanent keepsake from the AzPA Annual Convention is printed with both the sponsor's logo and the annual convention theme. This opportunity is limited to one sponsor.

NAME BADGES

\$1,500

To attend all convention meal functions, general sessions, and workshops, all registrants must present their official AzPA Annual Convention name badge. This practical accessory bears both the sponsor's logo and AzPA logo. This opportunity is limited to one sponsor.



CONVENTION PROGRAM ADVERTISING

The program is distributed to all attendees. This is your opportunity to display your company's advertisement to our attendees.

Full page - inside/outside cover	\$500*
Full page - inside pages B&W	\$350
1/2 page - inside pages B&W	\$200
1/4 page - inside pages B&W	\$100

*Increased price for inside/outside cover. Note: May not be available if we secure premier sponsor(s).

CONVENTION TOTE BAG INSERT

\$500

Include your company's printed flyer or promotional item inside the attendee tote bag. Note: Must be provided to AzPA two weeks prior to Convention.

To reserve a program, exhibit booth, or sponsorship, please complete the application or contact AzPA with any questions.

(480) 838-3385 | azpa@azpharmacy.org
www.azpharmacy.org

EXHIBITOR OPPORTUNITIES

We acknowledge the value of our exhibitors by offering two meeting functions in the Exhibit Hall. Your exhibitor programs will be held during a Friday dinner reception from 5:30 pm to 7:00 pm and a Saturday lunch reception from 12:30 pm to 2:00 pm.

SINGLE 8'X8'
\$1,695

DOUBLE 8'X16'
\$2,500

NOTE: These functions are included in the conference registration and there are no conflicting events scheduled during this time. All attendees are invited and encouraged to visit and enjoy the meal functions in the Exhibit Hall. Your participation as an exhibitor is very important to AzPA. Your sponsorship includes 6' table, drape, waste basket, 2 chairs, 2 representatives and inclusion on exhibit hall punch card.



GENERAL SPONSORSHIPS

We acknowledge the value of our convention sponsors in several ways throughout the convention and in AzPA publications.

EVENT SPONSOR
\$1,500 TO \$20,000+

• Full list of benefits can be found on Page 2 of this Prospectus

ADDITIONAL OPTIONS

Additional options for exhibitors to earn continuing education credits or purchase additional tickets.

CONTINUING EDUCATION

SINGLE DAY
\$75/REPRESENTATIVE

FULL CONFERENCE
\$150/REPRESENTATIVE

ADDITIONAL TICKETS

ADDITIONAL REPRESENTATIVES
\$50/DAY

SUNDAY AWARDS LUNCHEON
\$60/SINGLE TICKET

\$450/TABLE OF 8

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EVENT CONTRACT FORM

COMPANY NAME (FOR SIGNAGE): _____

CORPORATE CONTACT NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____ EMAIL: _____

LOCAL CONTACT NAME (IF DIFFERENT FROM ABOVE): _____

ADDRESS: _____

DAYTIME PHONE: _____ EMAIL: _____

PACKAGE LEVEL/NAME: _____ PRICE: _____

ADDITIONAL SPONSORSHIP OR SPECIALTY ITEMS: _____

SPECIAL CONSIDERATIONS: _____

EXHIBITORS: DO NOT ASSIGN BOOTH NEXT TO: _____

EVENT PASS ATTENDEE NAMES

1. _____ 2. _____

3. _____ 4. _____

*THIS FORM MUST BE SIGNED AND RETURNED TO THE AZPA OFFICE BEFORE
ACKNOWLEDGEMENT AND SPONSOR BENEFITS ARE GIVEN. BALANCE MUST BE PAID IN
FULL WITHIN 30 DAYS OF THE EVENT.*

THE UNDERSIGNED AGREES TO THE AMOUNT INDICATED

NAME AND TITLE (PLEASE PRINT): _____

SIGNATURE: _____ DATE: _____

PAYMENT METHOD

CHECK VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CARDHOLDER NAME: _____

CARD NUMBER: _____

BILLING ADDRESS: _____

EXPIRATION DATE: _____ CVV: _____

SIGNATURE: _____