

Sponsorship Opportunities

130th ANNUAL CONVENTION and EXHIBIT SHOW



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

- Unrestricted Educational Grants (\$2,500 - \$4,999) \$ _____
- Convention Registration Packets \$ _____
 - Printing of CE Handouts, includes full page ad (\$2,000) \$ _____
 - USB of CE Handouts with Sponsor Information (\$4,000) \$ _____
 - T-shirts with sponsor recognition (\$2,500) \$ _____
 - Marketing Materials (\$650) \$ _____
 - Lanyards with Sponsor Information (\$2,000) \$ _____
- Registration Bags (\$3,000) \$ _____
- FPA Officers Dinner and Orientation (\$1,000) \$ _____
- Keynote Speaker (\$5,000) \$ _____
- Student and Mentor Reception (\$2,000) \$ _____
- FPPC Reception (\$2,500) \$ _____
- Exhibit Hall Grand Opening (\$7,500) \$ _____
- Second Session in Exhibit Hall (\$5,000) \$ _____
- Poster Presentations (\$500) \$ _____
- Student Awards Event (\$2,500) \$ _____
- Past President's Reception (*invitation only*) (\$1,000) \$ _____
- Awards Event \$ _____
 - Decorations/Staging (\$2,000 - \$5,000) \$ _____
 - Entertainment (\$5,000) \$ _____
 - Food (\$7,500) \$ _____
- Daily Breaks (\$2,000) \$ _____
- Hotel Key Cards (\$3,000) \$ _____
- Internet in Meeting Space (\$7,500) \$ _____
- Product Theater (\$2,500) \$ _____
- Cyber Cafe (\$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, signage and in the monthly publication of Florida Pharmacy Today. However, there are printing deadlines that must be met for each. DEADLINES: Brochure - 2/28/2020; Convention Signage - 5/15/20. Please contact the Director of Continuing Education, tmerren@pharmview.com, if you are interested in providing sponsorship during the 130th Annual Convention and Exhibit Show. Partial sponsorship is available.

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

130th ANNUAL CONVENTION of the Florida Pharmacy Association

JW Marriott Marco Island Beach Resort • 400 S. Collier Blvd. • Marco Island, FL 34145

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 May 15, 2020.

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:

Single by 1/31/2020 - \$1,400 \$ _____

Single after 1/31/2020- \$1,600 \$ _____

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: _____