



2019 Leadership Summit and House of Delegates Meeting

June 12, 2019 | Midland Hills Country Club
Sponsorship Form

Top reasons to be a Leadership Summit Day Sponsor

1. Show your company's understanding of and support for pharmacy's agenda to improve patient care and health care quality
2. Gain a deeper understanding of your customers and their current issues
3. Mix and mingle with colleagues and pharmacists to expand your pharmacy network

This form can also be completed at: www.mpha.org

Contact Information:

Name _____
 Attendee Names _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____
 All listings and signage should read: _____

(fill in facility/company name as desired)

Please indicate Sponsorship Level(s):

- Breakfast Sponsor \$1,500 **(exclusive)**
- Lunch Sponsor \$1,500 **(exclusive)**

**Exclusive Benefits*

- 3 complimentary registrations & company recognition of support level at the event
- Acknowledgement at entrance
- Name recognition in event program and signage
- 1 table

- Gold \$1,000
- 3 complimentary registrations & company recognition of support level at the event
- Name recognition in event program and signage
- 1 table

- Silver \$750
- 2 complimentary registrations & company recognition of support level at the event
- Name recognition in event program and signage

- Bronze \$500
- 1 complimentary registration & company recognition of support level at the event
- Name recognition in event program and signage

Grand Total: \$ _____

Payment (must accompany application to guarantee sponsorship)

- Check (payable to MPhA) Visa Mastercard AMEX Discover

If paying by credit card, all fields below are required. Please do not send credit card information via email to protect your information!

Name (as it appears on card) _____
 Card Number _____ Exp. Date _____ Sec. Code _____
 Phone _____ Authorized Signature _____
 Address (if different than above) _____
 City _____ State _____ Zip _____

(For office use only)

initials	fin.
date	
CK/CC	
amt. paid	
bal. due	

Complete this form online at www.mpha.org or mail/fax to the MPhA office at:

1000 Westgate Drive, Suite 252 | St. Paul, MN 55114 U.S.A. | Phone: 651-697-1771 | Fax: 651-290-2266

Questions?

Blake Finger at blakef@mpha.org or 651-288-3423

Cancellation Policy: All Sponsor cancellations received by May 17, 2019 will receive a full refund minus a \$50 administrative fee. Cancellations received after May 17, 2019 will not receive a refund.

By registering for this event, I agree to MPhA's Commercial Support agreement.

Any person who attends the MPhA event grants permission to MPhA to record his or her visual/audio images, including but not limited to photographs, digital images, voice, sound or video recordings, audio clips, or accompanying written descriptions, and for MPhA to use his or her name and such recorded material without notification for any purpose, including advertisements for future programs and events.