



2019 Minnesota Pharmacy Legislative Day

February 5, 2019 | Best Western Capitol Ridge St. Paul

Sponsorship Form

Top reasons to be a Legislative Day Sponsor

1. Show your company's understanding of and support for Minnesota pharmacy's advocacy agenda
2. Gain a deeper understanding of your customers and their current issues across all practice
3. Mix and mingle with colleagues and pharmacists to expand your pharmacy network with pharmacists and student pharmacists from all practice settings and organizations: MPhA, MSHP, M CCP, retailer and grocer representatives

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

Contact Information:

Name _____
 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):

- | | |
|---|--|
| <input type="checkbox"/> Networking Sponsor \$2,000 (exclusive) | <input type="checkbox"/> Gold \$1,000 |
| <input type="checkbox"/> Lunch Sponsor \$2,000 (exclusive) | <ul style="list-style-type: none"> • 2 complimentary registrations & company recognition of support level at the event • Name recognition in event program and signage |
| <i>*Exclusive Benefits</i> | |
| <ul style="list-style-type: none"> • 3 complimentary registrations & company recognition of support level at the event • Acknowledgement at entrance • Name recognition in event program and signage | <input type="checkbox"/> Silver \$500 |
| <input type="checkbox"/> Platinum \$1,500 | <ul style="list-style-type: none"> • 1 complimentary registration & company recognition of support level at the event • Name recognition in event program and signage |
| <ul style="list-style-type: none"> • 3 complimentary registrations & company recognition of support level at the event • Name recognition in event program and signage | <input type="checkbox"/> Exhibit Booth \$800 |
| | <ul style="list-style-type: none"> • 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 _____

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

(For office use only)	
initials	fin.
date	
CK/CC	
amt. paid	
bal. due	

CANCELLATION POLICY: All Sponsor cancellations received by January 25, 2019 will receive a full refund minus a \$50 administrative fee. Cancellations received after January 25, 2019 will not receive a refund.

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

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