BECOME OUR PARTNER: JOIN THE TPA PHARMACY PARTNERS COUNCIL

The Texas Pharmacy Association represents all Texas pharmacists and pharmacy technicians in all practice settings as well as student pharmacists in all nine Texas colleges of pharmacy. With your membership, you will be a part of the Pharmacy Partners Council (PPC), a forum for corporate and association thought leaders to convene and foster robust dialogue that will broaden and strengthen shared priorities to further the pharmacy profession. By working together to align strategic initiatives, resources and advocacy efforts, the PPC is able to educate, empower and move the profession forward.

As a Pharmacy Partner, you enjoy special stature and visibility among Texas pharmacists—those who make annual purchasing decisions worth hundreds of millions of dollars, establish formularies, and influence patient adherence and product decisions in thousands of pharmacies across the state.

CONNECT

In-person Meetings
Convene at least two times a year with Association leaders to discuss corporate and organizational initiatives, emerging trends in pharmacy, legislative and advocacy efforts, and strategic plans. Each company receives two seats on the Pharmacy Partners Council.

Ongoing Communication with TPA
Stay up-to-date on current news, priorities, and future programs with a dedicated TPA staff liaison, subscription to the weekly e-newsletter with Association news, state news, and emerging trends, and a subscription to the Texas Pharmacy magazine.

Complimentary Registration to TPA’s Conference & Expo
Each Partner receives two complimentary registrations to the annual TPA Conference & Expo. Attend educational sessions at no cost and stay up-to-date on hot topics and emerging trends.

RECOGNITION

Website
Company logo and description included on the TPA website and Pharmacy Partners Council webpage.

TPA Conference & Expo
Gain exposure with your company name listed on signage, in the onsite guide, mobile app, badge ribbons and exhibit booth display signs displaying your membership in the Pharmacy Partners Council.

ACCESS

Exclusive Networking Events
Network opportunities with other Pharmacy Partners Council members and Association leaders.

TPA Members
Reach pharmacists via email and have TPA send an email on your behalf highlighting your membership in the Pharmacy Partners Council.

Contact Lisa Goerlitz
lgoerlitz@texaspharmacy.org
(512) 836-8350
PHARMACY PARTNERS COUNCIL APPLICATION

**TERM:** January–December

**FEE:** $5,000

**CONTACT INFORMATION**

Company Name: ___________________________________  Website: ______________________________

Address: ___________________________________________  City: ______________  State: ______  ZIP Code: ___________

Official Corporate Representative: _________________________  Title: __________________________________

E-mail: ____________________________________________  Phone: __________________  Fax: ________________

Secondary Contact: ___________________________________  Title: __________________________________

E-mail: ____________________________________________  Phone: __________________  Fax: ________________

Explain how your Pharmacy Partners Council involvement will further TPA’s mission to promote the role of pharmacy and patient outcomes:

__________________________________________________________________________________________

__________________________________________________________________________________________

Please list topics you would like to discuss with members of the Pharmacy Partners Council:

__________________________________________________________________________________________

__________________________________________________________________________________________

**PAYMENT INFORMATION**

Pharmacy Partners Council Annual Fee: $5,000

☐ Check #_________ enclosed, made payable to TPA

☐ Please charge my credit card:  ☐ Visa  ☐ MasterCard  ☐ American Express

Credit Card No: ________________________________

Cardholder’s Name: ________________________________  Expiration Date: __________  CVV Code __________

Billing Address: _______________________________  City: ______________  State: ______  ZIP Code: ____________

Advertiser’s Signature: _____________________________________________________

Submit application to:
Texas Pharmacy Association • 3200 Steck Ave Ste 370 • Austin, TX 78757 or Fax to (512) 836-0308

Contact Lisa Goerlitz
lgoerlitz@texaspharmacy.org
(512) 836-8350