



Alaska Pharmacists Association

53rd ANNUAL CONVENTION

EXHIBITOR CONTRACT & SPONSOR OPPORTUNITIES

Sheraton Anchorage, February 8 – 10, 2019

Firm _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Contact Person (please print) _____

Check One: I will be staffing the booth. I will not be staffing the booth—it will be:

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail(s) _____

- Booth Fee of \$850-- Includes one 6 ft draped table w/ chair, and Meals for up to two company representatives: Saturday Breakfast, Lunch & Evening Awards Reception**
- Addl. Meal Tickets at \$75 per person _____**
- Optional Addition \$200--One Business Card or Quarter Page Sized ad in Quarterly Newsletter**

Card# (VISA/MC/AMEX) _____ exp _____ CVV# _____

Name/Address of Cardholder: _____

OR Submit your credit card payment online at: <https://alaskapharmacy.org/payments/>

While no booth reservation can be confirmed without payment, please let AKPhA know if you intend to exhibit. No refunds can be made after January 15, 2019.

HOTEL ROOM RESERVATIONS

A group rate of \$101 sgl/dbl occupancy is available for the convention. Please reference **Alaska Pharmacists Association 2019 Annual Convention** and book rooms by January 24, 2019 to ensure availability and receipt of group rate. Reservations can be made by calling 907-343-3157, 800-325-3535 or visit the personalized webpage:

<https://www.starwoodmeeting.com/events/start.action?id=1810104832&key=7C92982>

E-mail: akphrmcy@alaska.net

Exhibit Setup: Friday, February 8, 2019, 1:30 – 4:00 pm

Exhibit Teardown: Saturday, February 9, 2019, 4:30 pm

SHIPPING OF PACKAGES—Send to:

Sheraton Anchorage Hotel

401 East 6th Avenue

Anchorage, AK 99501

(907) 276-8700 Phone, (907) 343-3145 Fax

All incoming packages should be specifically labeled and addressed to the Exhibitor or guest receiving package and marked with Alaska Pharmacists Association Convention, February 8 – 10, 2019.

CONVENTION SPONSORSHIP OPPORTUNITIES (Circle Item Below)**

Buffet Breakfast, Saturday **\$2,500**

Buffet Lunch, Saturday **\$3,000**

Dessert Social/Coffee Break, Saturday **\$1,000**

Saturday Evening Reception **\$2,000**

Entertainment, Saturday Evening **\$1,000**

Continental Breakfast, Sunday **\$1,500**

Buffet Lunch, Sunday **\$3,000**

****NOTE: A complimentary booth (\$850 Value) is provided to sponsors of events above.****

Coffee Break Sponsor (Saturday or Sunday) **\$500 each**

General Convention Sponsor: _____ (Write in Amount)

OTHER ANNUAL SPONSORSHIP OPPORTUNITIES

Quarterly Newsletter Sponsor: **\$2,500**

Includes a full page color advertisement on back inside cover of each publication and acknowledgment as newsletter sponsor on back page.

Academy of Health-System Pharmacy Fall CE Conference Sponsor: **\$1,000**

Exclusive sponsor will have logo placed on conference materials and can place promotional material on tables. This one-day conference is held end of September/beginning of October, and has approximately 45 attendees.

Sponsored Event(s)- Please indicate day and/or event:

Signature and Title _____

Printed Name _____ Phone Number _____

E-mail _____

****Names/e-mails of exhibitors who will be at your booth:**

Return to: Alaska Pharmacists Association, Fax (907) 563-7880, Email: akphrmcy@alaska.net

The AKPhA Tax ID Number is 92-0079020.

E-mail: akphrmcy@alaska.net

203 W. 15th Ave., Suite 100 • Anchorage, Alaska 99501 • (907) 563-8880 • (907) 563-7880