

December 21, 2012

Dear Prospective Exhibitor:

We are excited to share information about the 131<sup>st</sup> Arkansas Pharmacists Association Annual Convention at the Peabody Hotel (soon to be the Marriott) in Little Rock. Exhibit dates are June 6-7, 2013.

The APA Annual Convention is the largest gathering of pharmacists, pharmacy technicians and others affiliated with pharmacy in Arkansas held during the year. We are sure you will find it valuable to reach out to these individuals to promote your products and services.

In 2013, we're pleased to offer new sponsorship packages to meet your needs. In the Exhibitor Prospectus you will find Silver, Gold and Platinum Sponsor packages, plus a Golf Sponsor opportunity. Each includes a convention booth, listing in APA's Convention Program, recognition in APA publications and other benefits.

Educational seminars and events are scheduled to allow attendees plenty of time to interact with exhibitors. A fun-filled Thursday, June 6 evening reception has been planned for 6 to 8 p.m. in the exhibit area. On Friday, June 7, exhibits will open at Noon and close at 1:30 p.m. During that time a luncheon will be served in the exhibit area for all attendees.

We also invite you to donate a prize for the drawings to be held in the exhibit area. The prize drawings always add to the fun and excitement during Convention. Drawings are scheduled for Thursday and Friday during exhibit hours. We have enclosed a gift donation form for your convenience.

We expect exhibit spaces to sell out fast. The last convention APA held in Little Rock attracted more than 350 participants. Space is limited, so please reserve your booth as quickly as possible. Booths will be reserved on a first-come, first-served basis. The deadline for exhibiting and sponsorship is May 1, 2013.

Please make your check payable to Arkansas Pharmacists Association. To ensure your space is held, please forward payment, Exhibit Space Contract, and registration forms to the APA office in the enclosed envelope. Our Federal Tax Identification Number is 71-0005345.

If you have any questions about exhibiting please contact Celeste Reid, <u>celeste@arrx.org</u>, or at 501-372-5250 and to discuss any sponsorship opportunities, contact Eileen Denne, <u>eileen@arrx.org</u>, at 501-372-5250.

Sincerely,

Mark S. Riley, Pharm.D. Executive Vice President



# 131<sup>st</sup> Annual APA Convention June 5-8<sup>th</sup>, 2013 Peabody Hotel – Little Rock Exhibitor & Sponsorship Contract

<b>Company Information</b>				
Exhibiting Company:				
Company Address:				
City:	State:	Zip:		
Company Contact Person Contact Person:				
Contact Person Mailing Address:				
City:	State:	Zip:		
E-mail address:				
Business Phone:	Cell Phone:	Cell Phone:		
Booth Choice #1	Booth Choice #2			
Sponsorship Level Silver - \$650 Gold - \$1	,400Platinum - \$2,400 _	Golf Sponsor - \$3,000		
Identification Sign- An identification sign here (limit 30 characters):				
Prize Drawings will be held in the exh Exhibitors are welcome to supply prize		une 6 <sup>th</sup> and Friday, June 7 <sup>th</sup> .		
The Convention Golf Scramble will be welcome to participate in the Scramb				
Signature I understand that if APA is not success assigned to us. I understand that no information, I understand that any chabove authorized contact person.	refunds will be issued. I have provid	led current contact		
Signature	Date			
Print Name		Title		

Please mail, fax or e-mail this completed form to:

Arkansas Pharmacists Association Attn: **Celeste Reid** celeste@arrx.org 417 South Victory St. Little Rock, AR 72201 • P-501-372-5250 F-501-372-0546



## **COMPLIMENTARY**

### **EXHIBITOR REGISTRATION FORM**

(Please complete and return with contract no later than May 1, 2013) 501-372-0546 Fax; or email <a href="mailto:celeste@arrx.org">celeste@arrx.org</a>

NAME:		
	ıld like it to appear on name tag.)	
TITLE:		
COMPANY NAME:		
ADDRESS:		
CITY:	STATE	ZIP
PHONE:		, <u>, , , , , , , , , , , , , , , , , , </u>
EMAIL:		
Please check if this is your f	irst APA convention	
representatives, please mal representatives. This inforr	are enclosed. If you need additiona ke copies of this form. Please be sumation is required so that packets of e available at the registration desk, aday evening.	ure to include <u>all</u> can be prepared prior to
	nament will be held Wednesday aft se let us know and information wil	
	FOR OFFICE USE ONLY	
Date Received	Contract Received	Booth #



Our company wishes to donate the following gift(s) for the prize drawings to be held in the exhibit area.

### 2013 Gift Donation Form

Phone Number	Fax Number	Email	
City	State	Zip	
Address	9		1
Contact Person			
Company Name	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
			-
A represen	tative will bring our gift(s) to	the convention registrat	ion desk.
Our compa	ny will send our gift(s) to the	Association office prior	to convention.
Please check one of the	e following:		
Gift(s)			

Thank you for your contribution!

#### Please mail, fax or email to:

Celeste Reid, Arkansas Pharmacists Association, 417 South Victory Street, Little Rock, AR 72201 fax- 501-372-0546. celeste@arrx.org