

# AZPA SPRING CLINICAL SEMINAR

FEBRUARY 22-23, 2020  
MARRIOTT TUCSON UNIVERSITY PARK



Presented in partnership between the Arizona Pharmacy Association and the Arizona ASHP state affiliate.

This 1.5 day seminar provides approximately eleven (11) hours of continuing education, and networking opportunities for pharmacy professionals focusing on clinical topics pertinent to institutional and ambulatory care practice settings. Vendors will have the opportunity to mingle and socialize with the attendees during lunch and breaks.

Attendance expectation: 200



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**FEBRUARY 22-23, 2020  
MARRIOTT TUCSON UNIVERSITY PARK**

## **NON-ACCREDITED SPEAKER PROGRAM BREAKFAST**

**\$30/PERSON\* OR \$3,000 FLAT FEE  
(SATURDAY OR SUNDAY)**

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- 20-minute non-accredited presentation
- Recognition in on-site program
- Meal function attendee list (name, organization, mailing address)
- Two (2) event passes
- Exhibit booth
- Logo on event web page

## **GENERAL SPONSORSHIP**

**\$1,000**

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- Recognition in on-site program
- Logo on event web page
- Logo on event signage

## **NON-ACCREDITED SPEAKER PROGRAM LUNCHEON**

**\$45/PERSON\* OR \$5,500 FLAT FEE  
(FRIDAY OR SATURDAY)**

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- 30-minute non-accredited presentation
- Recognition in on-site program
- Meal function attendee list (name, organization, mailing address)
- Two (2) event passes
- Exhibit booth
- Logo on event web page

## **EXHIBIT BOOTH**

**\$750**

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**INCLUDES :** six-foot table, two chairs and a wastebasket. All attendees will be able to visit booths during breaks and meal functions.

- Name recognition in on-site program
- Two (2) event passes

## **COMPLIMENTARY SIGNAGE**

**INCLUDED WITH SPEAKER PROGRAM  
PACKAGE**

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- One (1) podium banner
- One (1) door sign

# EVENT CONTRACT FORM

Company Name:	
Corporate Contact Name:	
Address:	
Daytime Phone:	Email:
Local Contact Name ( <i>if different from above</i> ):	
Address:	
Daytime Phone:	Email:

Package Level/Name:
Additional On-Site Program Advertisements or Specialty Items:
Special Considerations:
<b>Event Pass Information</b> ( <i>number of Event Passes are dependent upon support level and event</i> )
Attendee Names
1.
2.
3.
4.

*This form must be signed and returned to the AzPA office before acknowledgement and sponsor benefits are given. Balance must be paid in full within 30 days of the event.*

<b>The Undersigned Agrees to the Amount Indicated</b>	
Name and Title ( <i>please print</i> ):	
Signature:	Date:

Payment Method	<input type="checkbox"/> Check <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Cardholder Name:	
Card Number:	
Expiration Date:	CW:
Signature:	

Make checks payable to Arizona Pharmacy Association

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