

Virginia Pharmacists Association 2018 Exhibitor Information



Overview

The Virginia Pharmacists Association (VPhA) invites you to participate in the VPhA 2018 Midyear Conference in Roanoke and the VPhA 137th Annual Convention in Norfolk. Both events attract pharmacists from all over the Commonwealth to learn from experts in the field, view the latest products and services, and network with colleagues.

VPhA 2018 Midyear Conference

March 24-25, 2018

Hotel Roanoke



VPhA 137th Annual Convention

September 7-9, 2018

Norfolk Waterside Marriott



Pricing

VPhA 2018 Midyear Conference	\$450
VPhA 137 th Annual Convention	\$950
Midyear Conference & Annual Convention Package	\$1,260 <i>A savings of \$140!</i>

Exhibits Include

VPhA 2018 Midyear Conference	VPhA 137 th Annual Convention
<ul style="list-style-type: none"> • 1 tabletop exhibit • Recognition in VPhA E-News • 1 complimentary one-day attendee registration • 1 exhibitor representative 	<ul style="list-style-type: none"> • 1 pipe & drape exhibit booth • Dedicated exhibit display time • Recognition in VPhA E-News • 1 complimentary full attendee registration • 2 exhibitor representatives • Acknowledgement in the event program • Signage

Questions? Contact Gail Queen at (804) 285-4145 or info@virginiparmacists.org

VPhA 2018 Exhibitor Contract (For Profit Organizations)

<input type="checkbox"/> VPhA 2018 Midyear Conference (\$450)	<input type="checkbox"/> VPhA 137 th Annual Convention (\$950)
<input type="checkbox"/> VPhA 2018 Midyear Conference & VPhA 137 th Annual Convention (\$1,260)	

Contact Information

Company:		
<i>Please print correct lettering of company name as it should appear on event signage/recognition</i>		
Contact Name:		
Address:		
City:	State:	Zip:
Phone:		
Email:		
Company Website:		
Exhibitor Representative 1:		
Phone:		
Email:		
Representative Attending: <input type="checkbox"/> Midyear Conference <input type="checkbox"/> Annual Convention <input type="checkbox"/> Both		
Exhibitor Representative 2 (Annual Convention only):		
Phone:		
Email:		
Representative Attending: <input type="checkbox"/> Midyear Conference <input type="checkbox"/> Annual Convention <input type="checkbox"/> Both		
Additional Exhibitor Representative (optional-Annual Convention only):		
Phone:		
Email:		
Representative Attending:		

Payment Method:	<input type="checkbox"/> Check	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Cardholder Name:				
Cardholder Email:				
Card Number:				
Expiration Date:	CVV:	Total Amount:		
Signature:				

Complete this form and return with payment to VPhA via mail, fax or email.
2530 Professional Road, Richmond, VA 23235
804-285-4227 (f) · info@virginipharmacists.org

Exhibitor Rules & Regulations are attached for the Midyear Conference.
 Additional information for the Annual Convention will be sent at a later date.

Questions? Contact Gail Queen at (804) 285-4145 or info@virginipharmacists.org

VPhA 2018 Exhibitor Contract (Non-Profit Organizations)

<input type="checkbox"/> VPhA 2018 Midyear Conference (\$175)	<input type="checkbox"/> VPhA 137 th Annual Convention (\$195)
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Contact Information

Company:		
<i>Please print correct lettering of company name as it should appear on event signage/recognition</i>		
Contact Name:		
Address:		
City:	State:	Zip:
Phone:		
Email:		
Company Website:		
Exhibitor Representative 1:		
Phone:		
Email:		
Representative Attending: <input type="checkbox"/> Midyear Conference <input type="checkbox"/> Annual Convention <input type="checkbox"/> Both		
Exhibitor Representative 2 (Annual Convention only):		
Phone:		
Email:		
Representative Attending: <input type="checkbox"/> Midyear Conference <input type="checkbox"/> Annual Convention <input type="checkbox"/> Both		
Additional Exhibitor Representative (optional-Annual Convention only):		
Phone:		
Email:		
Representative Attending:		

Payment Method:	<input type="checkbox"/> Check	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Cardholder Name:				
Cardholder Email:				
Card Number:				
Expiration Date:	CVV:	Total Amount:		
Signature:				

**Complete this form and return with payment to VPhA via mail, fax or email.
2530 Professional Road, Richmond, VA 23235
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Virginia Pharmacists Association 2018 Sponsor Information



Corporate Sponsorship

Bronze	<ul style="list-style-type: none"> • Bronze Corporate Membership - \$2,500 • Logo on Home Page of VPhA Website • Recognition in VPhA E-News • Signage at all association meetings • Web Page Link
Silver	<ul style="list-style-type: none"> • Silver Corporate Membership - \$5,000 • All bronze level benefits, plus • Tabletop exhibit at Midyear Conference • Pipe & drape exhibit booth at Annual Convention • News Brief in E-News • Acknowledgement in Annual Convention program
Gold	<ul style="list-style-type: none"> • Gold Corporate Membership - \$10,000 • All silver level benefits, plus • One complimentary full attendee registration for Midyear Conference • One complimentary full attendee registration for Annual Convention • Additional attendee registration for Midyear Conference • Additional attendee registration for Annual Convention • One complimentary Annual Membership • Complimentary tumbler with logos of sponsor & VPhA for Annual Convention attendees • Complimentary tote bag with logos of sponsor & VPhA for Annual Convention attendees

Meeting Sponsorship

Educational	\$750 - \$2,500	<ul style="list-style-type: none"> • Logo on signage • Acknowledgement in program (<i>Annual Convention only</i>) • Recognition in VPhA E-News
Food	\$750 - \$3,000	
Program	\$250 - \$1,500	

Questions? Contact Gail Queen at (804) 285-4145 or info@virginia pharmacists.org

VPhA 2018 Corporate and Meeting Sponsorship Contract

Corporate Sponsorships

<input type="checkbox"/> Bronze Sponsorship (\$2,500)	<input type="checkbox"/> Silver Sponsorship (\$5,000)	<input type="checkbox"/> Gold Sponsorship (\$10,000)
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Meeting Sponsorships

Educational Sponsorships

VPhA 2018 Midyear Conference	VPhA 137 th Annual Convention
<input type="checkbox"/> Speaker Expenses (\$750 - \$2,500) <i>Indicate amount \$ _____</i>	<input type="checkbox"/> Speaker Expenses (\$750 - \$2,500) <i>Indicate amount \$ _____</i>
<input type="checkbox"/> Program Expenses (\$750 - \$2,500) <i>Indicate amount \$ _____</i>	<input type="checkbox"/> Program Expenses (\$750 - \$2,500) <i>Indicate amount \$ _____</i>

Food Sponsorships

VPhA 2018 Midyear Conference	VPhA 137 th Annual Convention	
<input type="checkbox"/> Sat Breakfast (\$1,500) <input type="checkbox"/> Sun Breakfast (\$1,500) <input type="checkbox"/> Sat Refreshment Break (\$750) <input type="checkbox"/> Sat Lunch (\$3,000) <input type="checkbox"/> Sun Refreshment Break (\$750)	<input type="checkbox"/> Fri Evening Reception (\$3,500) <input type="checkbox"/> Fri Morning Coffee (\$750) <input type="checkbox"/> Fri Refreshment Break (\$750) <input type="checkbox"/> President's Reception (\$2,500) <input type="checkbox"/> Awards Banquet (\$7,500) <i>Partial donations accepted</i>	<input type="checkbox"/> Student Banquet Ticket (\$75) <input type="checkbox"/> Student Banquet Table (\$750) <input type="checkbox"/> Sat Morning Coffee (\$750) <input type="checkbox"/> Sat Refreshment Break (\$750) <input type="checkbox"/> Sun Morning Coffee (\$750) <input type="checkbox"/> Sun Refreshment Break (\$750)

Other Sponsorships

VPhA 137 th Annual Convention
<input type="checkbox"/> Convention Program – Sponsor's name/logo in color on back of program (\$1500) <input type="checkbox"/> Convention Program – Sponsor's name/logo in color (full size) inside of program (\$750) <input type="checkbox"/> Convention Program – Sponsor's name/logo in color (1/2 size) inside of program (\$500) <input type="checkbox"/> Convention Program – Sponsor's name/logo in color (1/4 size) inside of program (\$250)

Contact Information

Company:		
<i>Please print correct lettering of company name as it should appear on event signage/recognition</i>		
Contact Name:		
Address:		
City:	State:	Zip:
Phone:		
Email:		

Payment Method:	<input type="checkbox"/> Check	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Cardholder Name:				
Cardholder Email:				
Card Number:				
Expiration Date:	CVV:	Total Amount:		
Signature:				

Questions? Contact Gail Queen at (804) 285-4145 or info@virginiafarmacists.org