VPhA CONVENTION SPONSORSHIP AGREEMENT

COMPANY NAME

ADDRESS

CITY | STATE | ZIP

CONTACT NAME | TITLE

TELEPHONE | FAX

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I AGREE TO THE FOLLOWING SPONSORSHIP:

COST OF SPONSORSHIP:

Designate the authorized payment type:

☐ SEND AN INVOICE ☐ CHECK ENCLOSED ☐ DEBIT/CREDIT CARD* ☐ ACH/WIRE TRANSFER

*a 10% added fee will be applied to all card transactions

☐ DISCOVER ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

CARD NUMBER | EXP DATE (MM/YY) | CVV

SIGNATURE | PRINT NAME

Submit completed form(s) to:

Virginia Pharmacy Association | 2530 Professional Rd. Richmond, VA 23235
Attention: Bree Kozlowski, VPhA Coordinator
Email: info@virginiapharmacists.org
Phone: (804) 285-4145 | Fax: (804) 285-4227

Application Deadline: January 16, 2025

Logo/Digital Art/Materials Deadline: February 5, 2025

Questions?: Contact VPhA Coordinator, Bree Kozlowski at (804) 285-4145 or bree@virginiapharmacists.org

SPONSORSHIP TERMS AND CONDITIONS

The Virginia Pharmacy Association (VPhA) will recognize sponsors for their support as outlined in the 2025 Convention Sponsorship Brochure and in other activities as determined by VPhA to be appropriate for the convention. Virginia Pharmacy Association reserves all rights and decision-making authority over all aspects of the sponsorship component, including but not limited to the selection of sponsors, identification of appropriate sponsorships; recognition of sponsors, and any and all other terms, conditions, and fees. All sponsors receive the right-of-first refusal to sponsor the same opportunity at next year's conference. All sponsor listings for printed or electronic recognition benefits are contingent upon receipt of the sponsor's signed agreement and payment before January 16, 2025. Sponsor-provided logos, items, advertisements, and promotional materials must be received no later than February 5, 2025. Sponsors shall not assign, allocate, or contract out the whole or any part of the sponsorship responsibilities or obligations assigned to it without the express prior consent of VPhA. If a sponsor should choose to cancel, a written request must be received by VPhA no later than 10 business days following sponsor registration. No refund will be given if received after 11 business days following registration.

VPhA FEDERAL TAX I.D. 54-0420448