

**ALASKA PHARMACISTS ASSOCIATION
EXHIBIT SPACE CONTRACT
Sponsorship Opportunities
Marriott Downtown Anchorage
820 West 7th Ave
February 17 - 18, 2012**

Firm _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Contact Person (please print) _____

Check One:

I am the correct person for exhibitor information.

I am not the correct person for this information. Please mail to the contact listed below.

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Booth Fee of \$750 Includes: one 6 ft draped table w/ chair, Sat. Breakfast, Lunch & Friday reception for 1 company representative

Booth Fee of \$750 is forthcoming by _____

Addl. Tickets (Fri. Reception, Sat. Breakfast & Lunch)

\$75.00 per person _____

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

Name/Address of Cardholder:

While no reservation can be confirmed without prior payment, the AkPhA will make final decisions on exhibit space assignments. No refunds can be made after December 31, 2011.

The Marriott Downtown Anchorage will provide guestrooms at a group rate of \$119. Please let them know you are affiliated with the AkPhA convention in order to receive the negotiated rate. The Marriott reservation number is (907) 792-2108 or 800-228-9290. Group Code AKPAKPA

The Marriott Downtown Anchorage 820 W 7th Ave Anchorage, AK 99501

Exhibit Setup: Friday, February 17- 3:00pm – 4:30pm
Exhibit Teardown: Saturday, February 18 - 1:15 – 3:15pm

SHIPPING OF PACKAGES:

The hotel will only accept pre-paid packages. Packages must contain a label with:

1. Return Address
2. Name of Group
3. Meeting Room name & date
4. Name of hotel guest who will claim package(s)
5. Date of the guest arrival

Sponsorship Opportunities:

Friday Evening – Appetizers	\$3,000
Friday Evening- Seawolves Hockey	\$1,000
Saturday Evening Reception	\$3,000
Entertainment, Sat. evening	\$1,000
Continental Breakfast (Sat. or Sun.)	\$1,500 @
LUNCH – (Sat. or Sun.)	\$3,000 @
Ice Cream Social, Sat.	\$1,000
Audiovisual/Moderator	Projector & Laptop- 3 days

NOTE: A complimentary booth is provided to convention sponsors.

Sponsored Event(s)- Please indicate day & event:

Signature and Title _____

Printed Name _____

Telephone Number _____

Names of exhibitors who will be at your booth:

Return to: AkPhA
203 W. 15th Ave. #100
Anchorage, AK 99501
(907) 563-8880, Fax (907) 563-7880 Email: akphrmcy@alaska.net
*****The AkPhA Tax ID Number is 92-0079020*****

NOTE: No Continuing Pharmacy Education will be conducted in the exhibit area.