

# PPA 2010 Annual Conference Sponsorship Commitment Form

*All sponsorships must be for the full amount in that category.*

*We regret we are unable to recognize partial sponsorships and may attribute as general contributions only.*

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Web Page Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

*PPA has sole authority and responsibility for the selection, design, and ordering of the sponsored items, including food and entertainment, if applicable. PPA retains the right to use only the sponsors name if camera-ready artwork for a logo is not supplied by required deadline. If materials for the registration packet are not received on time, PPA has no obligation to utilize said materials. PPA retains the right to refuse sponsorships from companies promoting illegal, unethical, or inappropriate products or materials.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## We agree to sponsor the following:

*In your confirmation, we will follow up with details on your logo, comp booth or registration, and other specifics as applicable.*

- |  |          |   |          |
|--|----------|---|----------|
| <input type="checkbox"/> Overall Conference Gold   | \$ 3,000 | <input type="checkbox"/> Student Program          | \$ 500   |
| <input type="checkbox"/> Overall Conference Silver | \$ 2,000 | <input type="checkbox"/> Product/Service Showcase | \$ 2,000 |
| <input type="checkbox"/> Overall Conference Bronze | \$ 1,000 | <input type="checkbox"/> Other Donation           | _____    |

## Payment Options

- Please send an invoice. I understand payment in full is required by **August 31, 2010**.  
**Commitments received by May 1 will be included in registration brochure/advance materials.**  
**Commitments received by August 31 will be included in conference materials/program booklet.**

- Payment is enclosed. Method of Payment:  Check # \_\_\_\_\_  MasterCard  Visa

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Street Address and Zip Code of cardholder: \_\_\_\_\_

Signature (for credit card charges): \_\_\_\_\_

Please return to:  
**Pennsylvania Pharmacists Association**  
508 N. Third Street, Harrisburg, PA 17101-1199  
Fax: 717-236-1618  
Contact: Jennifer Rogers 717-234-6151 ext 104  
jrogers@papharmacists.com

**Forms and payment MUST be received by May 1, 2010 to be included in the registration brochure and by August 31, 2010 to be included in Program Booklet**