

ANNUAL CONVENTION

AUGUST 4-6, 2023 • CASPER, WY



OVERVIEW

The Wyoming Pharmacy Association's 2023 Annual Convention will offer continuing pharmacy education for pharmacists and pharmacy technicians. In addition to the CPE activities and networking events, the Convention features three days of exhibit hall opportunities for vendors, as well as a Vendor Reception to kick off the weekend!

MARKETING OPPORTUNITIES

- General Sponsorship
- Exhibiting
- Virtual Exhibiting
- Social Events
- Receptions

EXHIBITOR OPPORTUNITIES

We acknowledge the value of our exhibitors by offering multiple meeting functions in the Exhibit Hall. Your exhibitor programs will be held during a Friday welcome reception and various breaks throughout the meeting.

VENDOR BOOTH

\$750

NOTE: These functions are included in the conference registration and there are no conflicting events scheduled during this time. All attendees are invited and encouraged to visit and enjoy the meal functions in the Exhibit Hall. Your sponsorship includes 6' table, drape, waste basket, 2 chairs, meals at exhibit functions (includes the Welcome Reception) and 2 representatives.

Note: To attend sessions and functions other than Exhibit 2022, exhibit staff is required to register for the meeting.



GENERAL SPONSORSHIPS

We acknowledge the value of our convention sponsors in several ways throughout the convention and in WPhA publications.

BROWN & GOLD SPONSOR

\$2,500

Includes vendor booth, recognition in pre-convention promotional brochures, two (2) free registrations, special recognition in conference program book, special signage at the event, special recognition at the awards banquet, and free full-page ad in the WPhA newsletter throughout the year.

ADDITIONAL OPTIONS

Additional options for exhibitors to participate virtually or purchase additional tickets.

VIRTUAL VENDOR BOOTH

\$500

Virtual vendor option includes handouts and 5-minute vendor video that will be looped throughout exhibit hours.

ADDITIONAL REPRESENTATIVES

\$50/DAY

AWARDS BANQUET TICKET

\$75/ATTENDEE

To reserve a program, exhibit booth, or sponsorship, please complete the application or contact WPhA with any questions.

info@wypha.org | www.wypha.org

CONVENTION RECEPTIONS & AWARDS BANQUET

WELCOME RECEPTION

\$600 | \$300 FOR CO-SPONSOR (2 AVAILABLE)

Support this exclusive event to welcome the WPhA Board of Directors, Speakers, Exhibitors, and all conference attendees to the Annual Convention.

Package includes invitation to and recognition at the event, as well as in the on-site program.



BREAKFAST SPONSOR

\$1,000 | \$500 (2 AVAILABLE)

Saturday and Sunday options available.

Package includes invitation to and recognition at the event, and in the on-site program.

BREAK SPONSOR

\$1,000 | \$500 (2 AVAILABLE)

Saturday and Sunday options available.

Package includes invitation to and recognition at the event, and in the on-site program.

LUNCH SPONSOR

\$1,000 | \$500 (2 AVAILABLE)

Saturday

Package includes invitation to and recognition at the event, and in the on-site program.

WPHA AWARDS BANQUET

\$2,250 | \$750 CO-SPONSOR (3 AVAILABLE)

The WPhA Annual Awards are presented during this banquet, honoring members for their contributions to the profession and the Association. Package includes invitation to and recognition at the event and in the on-site program.

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EVENT CONTRACT FORM

COMPANY NAME (FOR SIGNAGE): _____

CORPORATE CONTACT NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____ EMAIL: _____

LOCAL CONTACT NAME (IF DIFFERENT FROM ABOVE): _____

ADDRESS: _____

DAYTIME PHONE: _____ EMAIL: _____

PACKAGE LEVEL/NAME: _____ PRICE: _____

ADDITIONAL SPONSORSHIP OR SPECIALTY ITEMS: _____

SPECIAL CONSIDERATIONS: _____

EXHIBITORS: DO NOT ASSIGN BOOTH NEXT TO: _____

EVENT PASS ATTENDEE NAMES

1. _____ 2. _____

3. _____ 4. _____

THIS FORM MUST BE SIGNED AND RETURNED TO WPHA BEFORE ACKNOWLEDGEMENT AND SPONSOR BENEFITS ARE GIVEN. BALANCE MUST BE PAID IN FULL WITHIN 30 DAYS OF THE EVENT.

THE UNDERSIGNED AGREES TO THE AMOUNT INDICATED

NAME AND TITLE (PLEASE PRINT): _____

SIGNATURE: _____ DATE: _____

PAYMENT METHOD

CHECK VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CARDHOLDER NAME: _____

CARD NUMBER: _____

BILLING ADDRESS: _____

EXPIRATION DATE: _____ CVV: _____

SIGNATURE: _____