



HOSPICE & PALLIATIVE CARE ASSOCIATION OF ARKANSAS

advancing the promise of care

“SUPPORT OPPORTUNITIES” Palliative Care Conference Partners in Care Conference October 16 & 17, 2018

Hot Springs Convention Center / Hot Springs, AR

GOLD SUPPORTER - \$4,000

RUNNING BANNER ON CONFERENCE MOBILE APP
VERBAL ACKNOWLEDGEMENT DURING OPENING
LOGO PLACED ON HPCAA WEBSITE
INDIVIDUAL ACKNOWLEDGEMENT DURING OPENING
FULL PAGE ADVERTISEMENT
EXHIBIT BOOTH FOR PRODUCT PROMOTION

BRONZE SUPPORTER - \$2,500

NAME/LOGO ON MOBILE APP SUPPORT PAGE
LOGO PLACED ON HPCAA WEBSITE
ACKNOWLEDGEMENT DURING OPENING
½ PAGE ADVERTISEMENT
EXHIBIT BOOTH FOR PRODUCT PROMOTION

LUNCH SUPPORTER - \$1,500

ACKNOWLEDGEMENT DURING OPENING
COMPANY PROMOTION THROUGHOUT LUNCH
¼ PAGE ADVERTISEMENT

BREAK SUPPORTER - \$800

ACKNOWLEDGEMENT DURING OPENING
SIGNAGE IN BREAK AREA

SILVER SUPPORTER - \$3,000

RUNNING BANNER ON CONF MOBILE APP
VERBAL ACKNOWLEDGEMENT DURING OPENING
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½ PAGE ADVERTISEMENT
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NEW NAME BADGE SUPPORTER - \$2,000

CO. NAME OR LOGO ON ALL ATTENDEE BADGES
NAME/LOGO ON MOBILE APP SUPPORT PAGE
LOGO PLACED ON HPCAA WEBSITE
ACKNOWLEDGEMENT DURING OPENING
EXHIBIT BOOTH FOR PRODUCT PROMOTION

BREAKFAST SUPPORTER - \$1,000

SIGNAGE IN BREAKFAST AREA
¼ PAGE ADVERTISEMENT

SUPPORTER - \$500

ACKNOWLEDGEMENT DURING OPENING

PLEASE CONTACT THE HPCAA OFFICE IF A DIFFERENT SUPPORT LEVEL IS DESIRED.

CONTACT INFORMATION: LIZ MARTIN, HPCAA Education & Event Planner / education@hpcaa.org

**411 S Victory St, Suite 205, Little Rock Arkansas 72201
Phone: 501-375-1300 · Fax: 501-375-1375 · www.hpcaa.org**



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ASSOCIATION OF ARKANSAS**

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**Palliative Care Conference
Partners in Care Conference
October 16 & 17, 2018**

Hot Springs Convention Center / Hot Springs, AR

SUPPORT APPLICATION

COMPANY NAME	
CONTACT NAME	
ADDRESS	
CITY/STATE/ZIP	
PHONE	
CONTACT EMAIL	
COMPANY WEBSITE	

SUPPORT LEVEL

All support levels include mobile app banner/promotion

GOLD SUPPORTER / \$4,000 (includes mobile app open screen & banner & booth)	
SILVER SUPPORTER / \$3,000 (includes booth)	
BRONZE SUPPORTER / \$2,500 (includes & booth)	
NEW ATTENDEE NAME BADGE SUPPORTER / \$2,000 (includes booth)	
LUNCH SUPPORTER / \$1,500	
BREAKFAST SUPPORTER / \$1,000	
REFRESHMENT/BREAK SUPPORTER / \$800	
SUPPORTER / \$500	
“OTHER” SUPPORTER (Contact the HPCAA office)	

BOOTH REQUIREMENTS (if sponsor level indicates)

BOOTH REQUESTED	<input type="checkbox"/> YES <input type="checkbox"/> NO
SPACE REQUIRED	<input type="checkbox"/> 8 Ft Table <input type="checkbox"/> Electricity <input type="checkbox"/> Free Standing Display
DESCRIBE DISPLAY	<input type="checkbox"/> Medical Equip/Device Supplier <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Healthcare Provider <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other (Indicate)

TOTAL DUE: _____

Mail completed application with your check or money order to address listed below

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