



HOSPICE & PALLIATIVE CARE ASSOCIATION OF ARKANSAS

advancing the promise of care

SUPPORT OPPORTUNITIES

“Partners in Care” Conference

Jointly Sponsored by HPCAA, UAMS College of Medicine and Central Arkansas

Veterans Health System

October 19 & 20, 2017

Embassy Suites Hotel - Little Rock

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

CHARGING STATION SUPPORTER - \$1,500

(AWARDED TO ONLY ONE COMPANY/BUSINESS)
ACKNOWLEDGEMENT DURING OPENING
COMPANY PROMOTION THROUGHOUT STATION
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
LOGO PLACED ON HPCAA WEBSITE
INDIVIDUAL ACKNOWLEDGEMENT DURING OPENING
½ PAGE ADVERTISEMENT
EXHIBIT BOOTH FOR PRODUCT PROMOTION

LUNCH SUPPORTER - \$2,000

NAME/LOGO ON MOBILE APP SUPPORT PAGE
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¼ PAGE ADVERTISEMENT
EXHIBIT BOOTH FOR PRODUCT PROMOTION

BREAKFAST SUPPORTER - \$1,000

ACKNOWLEDGEMENT DURING OPENING
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: Lisa Vaden, HPCAA Executive Director/ executivedirector@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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SUPPORT APPLICATION**

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

SUPPORT LEVEL

GOLD SUPPORTER / \$4,000 (includes mobile app open screen & banner & booth)	
SILVER SUPPORTER / \$3,000 (includes mobile app banner & booth)	
BRONZE SUPPORTER / \$2,500 (includes booth)	
LUNCH SUPPORTER / \$2,000 (includes booth)	
CHARGING STATION 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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