



# HOSPICE & PALLIATIVE CARE ASSOCIATION OF ARKANSAS

*advancing the promise of care*

## “SUPPORT OPPORTUNITIES”

### Palliative Care Conference

October 15 & 16, 2019

Hot Springs Convention Center / Hot Springs, AR

#### **GOLD SUPPORTER - \$4,000**

LOGO ON OPENING SCREEN OF MOBILE APP  
RUNNING BANNER ON CONFERENCE MOBILE APP  
NAME/LOGO ON MOBILE APP SUPPORT PAGE  
LOGO PLACED ON HPCAA WEBSITE  
INDIVIDUAL ACKNOWLEDGEMENT DURING OPENING  
FULL PAGE ADVERTISEMENT IN PRINTED PROGRAM  
EXHIBIT BOOTH FOR PRODUCT PROMOTION

#### **NAME BADGE SUPPORTER - \$2,500**

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

#### **LUNCH SUPPORTER - \$1,500**

ACKNOWLEDGEMENT DURING OPENING  
COMPANY PROMOTION THROUGHOUT LUNCH  
¼ PAGE ADVERTISEMENT  
NAME/LOGO ON MOBILE APP SUPPORT PAGE  
EXHIBIT BOOTH FOR PRODUCT PROMOTION

#### **BREAK SUPPORTER - \$800**

ACKNOWLEDGEMENT DURING OPENING  
SIGNAGE IN BREAK AREA  
NAME/LOGO ON MOBILE APP SUPPORT PAGE

#### **SILVER SUPPORTER - \$3,000**

RUNNING BANNER ON CONF MOBILE APP  
LOGO PLACED ON HPCAA WEBSITE  
NAME/LOGO ON MOBILE APP SUPPORT PAGE  
INDIVIDUAL ACKNOWLEDGEMENT DURING OPENING  
½ PAGE ADVERTISEMENT IN PRINTED PROGRAM  
EXHIBIT BOOTH FOR PRODUCT PROMOTION

#### **BRONZE SUPPORTER - \$2,000**

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

#### **BREAKFAST SUPPORTER - \$1,000**

SIGNAGE IN BREAKFAST AREA  
¼ PAGE ADVERTISEMENT  
NAME/LOGO ON MOBILE APP SUPPORT PAGE  
EXHIBIT BOOTH FOR PRODUCT PROMOTION

#### **SUPPORTER - \$500**

ACKNOWLEDGEMENT DURING OPENING  
NAME/LOGO ON MOBILE APP SUPPORT PAGE

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

**CONTACT INFORMATION:** EXECUTIVEDIRECTOR@HPCAA.ORG

411 S Victory St, Suite 205, Little Rock Arkansas 72201  
Phone: 501-375-1300 · Fax: 501-375-1375 · [www.hpcaa.org](http://www.hpcaa.org)



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**SUPPORT APPLICATION**

<b>COMPANY NAME</b>	
<b>CONTACT NAME</b>	
<b>ADDRESS</b>	
<b>CITY/STATE/ZIP</b>	
<b>PHONE</b>	
<b>CONTACT EMAIL</b>	
<b>COMPANY WEBSITE</b>	

**SUPPORT LEVEL**

All support levels include mobile app banner/promotion

<b>GOLD SUPPORTER/\$4,000 (includes booth)</b>	
<b>SILVER SUPPORTER/\$3,000 (includes booth)</b>	
<b>ATTENDEE NAME BADGE SUPPORTER/\$2,500 (includes booth)</b>	
<b>BRONZE SUPPORT/\$2,000 (includes booth)</b>	
<b>LUNCH SUPPORTER/\$1,500 (includes booth)</b>	
<b>BREAKFAST SUPPORTER/\$1,000 (includes booth)</b>	
<b>REFRESHMENT/BREAK SUPPORTER / \$800</b>	
<b>SUPPORTER / \$500</b>	
<b>“OTHER” SUPPORTER (Contact the HPCAA office)</b>	

**BOOTH REQUIREMENTS (if sponsor level indicates)**

<b>BOOTH REQUESTED</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>SPACE REQUIRED</b>	<input type="checkbox"/> 8 Ft Table <input type="checkbox"/> Table Draping <input type="checkbox"/> Electricity <input type="checkbox"/> Free Standing Display
<b>DESCRIBE DISPLAY</b>	<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 payable to HPCAA to address below

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