



NDSHP Corporate Sponsor Contract

Guidelines

The sponsorships and exhibit space are given on a first come, first serve basis. Please complete the contract in its entirety to guarantee inclusion in all marketing materials corresponding with your committed sponsorship. Sponsors and exhibitors are responsible for providing logos and artwork for advertisements. NDSHP reserves the right to reject any materials that they do not see fit.

Please visit <http://www.ndshp.org/Sponsors> to register for this opportunity and pay online. If needing to submit this paper form with a check, please return completed forms to:

North Dakota Society of Health-System Pharmacists
c/o Amber Olek, Secretary/Treasurer
2907 Iowa Lane, #202, Bismarck, ND 58503

Additional questions can be e-mailed to outreach@ndshp.org

Primary Contact: _____

Company Name: _____

Contact Phone: _____

Contact Email: _____

Company Website: _____

Address: _____

City: _____ State: _____ Zip: _____

Expo First Representative Full Name: _____

Expo Second Representative Full Name: _____

Corporate Sponsor Options

(Select an option)

- Super Bundler: \$1,750**
 - Expo entrance fee
 - Expo meal sponsor
 - Home-page advertisement
 - Email blast – if an educational program advertisement, ACPE credit provided
 - Complimentary: year-long sponsor logo on our corporate sponsor tab on NDSHP website
- Bundler Plus \$1,500**
 - Expo entrance fee
 - Email blast – if an educational program advertisement, ACPE credit
 - Complimentary: year-long sponsor logo on our corporate sponsor tab on NDSHP website
- Bundler Light \$1,250**
 - Expo entrance fee
 - Home-page advertisement
 - Complimentary: year-long sponsor logo on our corporate business partner tab on NDSHP website

□ **Individual options**

- Sponsor a Networking Meeting (10 minutes at the end of the meeting dedicated to you to present on an applicable touch, and an advertisement on the meeting invitation) (\$750.00)
- Home-Page Advertisement (\$500.00)
- Email blast to members – if an educational program advertisement (\$750.00), ACPE credit provided at event
- Expo entrance fee, March 3, 2016 (\$1000.00)
- Expo meal sponsor, March 3, 2016 (\$500)
- Year-long sponsor logo on our corporate sponsor tab on NDSHP website (\$250.00)
- Custom Bundle Total: _____
 - (example: Expo Entrance Fee + Expo Meal Sponsor)

Notes

- 2016 Expo will be held on March 3, 2016 at NDSHP’s Health Summit. At the Expo, a maximum of two representatives may come from each vendor company. Deadline to submit application is February 5, 2016.
- Advertisements on the home page of NDSHP website will be for one month, but will remain on our corporate sponsors tab on the NDSHP website throughout the year. Spots are limited for this feature, no more than two sponsors on our home page at any given time.
- Sponsoring a networking meeting is limited to the number of meetings scheduled for that year. Discretion of NDSHP will be used to determine the meeting that will be sponsored; attempting to have a sponsor that is relevant to the topic discussed that meeting. However, we will take into account your preference. All meetings will be scheduled as a first come first serve. Sponsorships should be of educational direction.
- NDSHP reserves the right to reject any advertisement, logo, or application that is deemed false, or is contrary to NDSHP mission and values.

Email Blast Program Information

Company Name: _____

Primary Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Company Phone: _____ Company Email: _____

Company Website: _____

Materials

Please submit either an .eps file or high resolution .jpg file of your logo in both color and black & white. Submit logo with contract if possible.

Billing/ Payment Form

Amount Enclosed = _____

- Check - payable to the ND Society of Health-System Pharmacists
- Card - MC / VISA / AMEX / DISCOVER

Name as it appears on card: _____

Card Number: _____

Security Code: _____ Exp. Date _____ Email: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Billing Phone number of Cardholder: _____

Authorized Signature: _____

To validate this contract & reserve a sponsorship opportunity:

- 1) Complete all information above pertaining to sponsorship and exhibitor elements that exhibitor/advertiser wishes to reserve.
- 2) Exhibitor/Advertiser understands and agrees to comply by the rules and regulations of the contract.
- 3) Read and acknowledges the important dates for items to be due (if applicable).
- 4) Completed & signed contract must be accompanied with payment.

By signing, I accept and agree to the terms & conditions of this contract:

Authorized Signature: _____ **Date:** _____

Title: _____

For Office Use Only

Date Received: _____ Payment Recorded: _____

Logo Received: _____ **Notes:**