



**TO: Public Health Advocates**

**FROM: Arkansas Public Health Association (APHA)  
Conference Planning Committee**

The 2018 Annual Meeting will be held May 9 –11, 2018 at the Crowne Plaza in Little Rock, Arkansas. The theme of this year's conference is **Pathways to Health Equity: A Glance at the Social Determinants of Health, Health Policy and Advocacy.**

Many topics will be discussed during this exciting conference including value-based care, community health resources, and the culture of health.

We would be honored to have your organization sponsor or exhibit at the biggest public health conference Arkansas offers. We anticipate more than 300 public health practitioners, students, and advocates that would like to learn more about your organization. Enclosed you will find general information regarding the conference and a Corporate Sponsorship and Exhibit Form. If you are interested in becoming a sponsor or an exhibitor, please complete the form and return it to the address specified. Sponsorship form and fees must be returned by March 24, 2018.

If you have any questions, please feel free to contact Brandi Roberts at (501)280-4149.

Thank you for your interest in and support of our efforts to improve the health of all Arkansans.

APHA Conference Committee

## -Sponsorship Information-

<b>Conference Hosted By:</b>	Arkansas Public Health Association (APHA) and the Chronic Disease Forum
<b>Location:</b>	Crowne Plaza 201 South Shackleford Road Little Rock, AR 72211
<b>Date and Time:</b>	May 9-11, 2018
<b>Participants:</b>	300 public health practitioners
<b>Goals:</b>	<ul style="list-style-type: none"> <li>• Provide practical skills and comprehensive information for public health professionals from across the state.</li> <li>• Stimulate the exchange of innovative programs and partnerships with hospitals/clinics, schools, businesses, worksites and communities to create a healthy future for those at risk.</li> <li>• Enhance multidisciplinary interaction and team development among public health professionals.</li> <li>• Provide innovative approaches/considerations for minority and medically underserved populations.</li> </ul>
<b>Available Sponsorships:</b>	<p><b><u>Conference Donor:</u></b></p> <ul style="list-style-type: none"> <li>• Listed in the conference program</li> </ul> <p><b><u>Bronze Sponsorship: \$500</u></b></p> <ul style="list-style-type: none"> <li>• Listed in the conference program</li> <li>• 1 paid conference registration</li> </ul> <p><b><u>Silver Sponsorship: \$1000</u></b></p> <ul style="list-style-type: none"> <li>• Listed in the conference program</li> <li>• 2 paid conference registrations</li> <li>• Exhibit Space</li> </ul> <p><b><u>Gold Sponsorship: \$1500</u></b></p> <ul style="list-style-type: none"> <li>• Listed in the conference program w/logo</li> <li>• Acknowledged verbally during the program</li> <li>• 3 paid conference registrations</li> <li>• Exhibit Space</li> </ul> <p><b><u>Platinum Sponsorship: \$2000 or more</u></b></p> <ul style="list-style-type: none"> <li>• Listed in the conference program and on the APHA website w/logo and direct link to your site</li> <li>• website</li> <li>• Acknowledged verbally during the program</li> <li>• 4 paid conference registrations</li> </ul>
<b>Funding Allocations:</b>	Conference scholarships for health professionals and students.



**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Sponsorship**

Please check below:

\_\_\_\_\_ **Donor - \$1-499**

\_\_\_\_\_ **Bronze - \$500**

\_\_\_\_\_ **\* Silver - \$1000**

\_\_\_\_\_ **\* Gold - \$1500**

\_\_\_\_\_ **\*Platinum - \$2000+**

**Exhibit**

Please check below:

\_\_\_\_\_ **Non-profit/government agency - \$250**

\_\_\_\_\_ **Commercial exhibit only - \$350**

\_\_\_\_\_ **Silver, Gold, or Platinum Sponsor - \$0 (yes, we would like to reserve an exhibit space)**

**Please indicate method of payment below:**

Please check below:

☐ **Check included with registration form**

☐ **Purchase Order included with registration form**

☐ **Please bill the organization. Letter of intent on organization/agency letterhead included with registration form**

**Please return to:**

**Arkansas Public Health Association  
Brandi Roberts, First Vice-President  
4815 West Markham, Mail Slot 33  
Little Rock, AR 72205**