



EVENT DETAILS

**16th Annual
“Invaluable Medical & Dental Assistant Seminar”
Exhibitor/Sponsor Prospectus**

Saturday, October 21, 2017

7:00 a.m. to 4:30 p.m.

Black Canyon Conference Center: Phoenix, Arizona

Last year, over 175 Medical & Dental Assistants and other clinical staff attended the Invaluable Medical & Dental Assistant Seminar and this year we are expecting the same audience. These health professionals will represent a variety of healthcare settings including community health centers, hospitals, clinics, and physician practices in primary care and other specialties. Your company/organization is invited to be an exhibitor at our conference. Our goal is to continue to offer a fun, engaging, and informative event for Medical & Dental Assistants from all over Arizona, but we need your help. We would like to offer your organization the opportunity to participate in our Interactive Event.

Your company is also invited to sponsor (or co-sponsor) a function during the conference, such as, breakfast, lunch, or session breaks. Costs for sponsoring one of these functions vary from \$250 to \$2,000, depending on the function. For your support and contribution, your company's name will be included in the program and a special recognition will be made during the conference.

Why you should be a part of The Annual Invaluable Medical & Dental Assistant Seminar:

- An opportunity to increase visibility with physician offices and community health centers statewide
- Contribute educational grants and speakers for workshop sessions
- Connect your products and services to front and back office staff at the only event of this kind for Medical & Dental Assistants
- Attend educational sessions and meals to increase your exposure and networking time
- Get recognition for your company in the registration packet, the conference binder distributed to all participants, and during announcements throughout the day
- Sell your products and gain name recognition with the Medical & Dental Assistants that will attend the event. Most of the audience will be women, ages 20-40.

SUPPORT OPPORTUNITIES

EXHIBIT TABLE | \$200 | 10 AVAILABLE

- Your company is recognized in the conference binder and in a PowerPoint during breaks (On October 21st set-up at 7:45 a.m. and tear-down is at 2:45 p.m.)

SPONSORSHIP LEVELS

CONFERENCE | \$2,000 | 1 AVAILABLE

- Signage at registration desk, throughout plenary sessions & breakout rooms
- Free exhibit table/ Three free registrations
- Full page ad and recognition in binder
- List of participating clinics & attendees

LUNCH | \$750 | 1 AVAILABLE

- Signage and verbal recognition throughout lunch area
- Free exhibit table/ Two free registrations*
- ½ Page ad and recognition in binder
- List of participating clinics & attendees

PROGRAM BINDER | \$700 | 1 AVAILABLE

- Full page ad and recognition in binder and back cover of binder
- Free exhibit table/ Two free registrations*
- List of participating clinics & attendees

BREAKFAST | \$500 | 1 AVAILABLE

- Signage and verbal recognition throughout the breakfast area
- Free exhibit table/ Two free registration*
- ½ Page ad and recognition in binder
- List of participating clinics & attendees

INVALUABLE MA AWARD & DA AWARD | \$250 | 2 AVAILABLE

- Company logo along imprinted on the MA Award or DA Award
- Recognition during announcement and presentation of award
- Free exhibit table/ Two free registrations*
- List of participating clinics & attendees

ADDITIONAL INFORMATION

**Additional event registrations will be \$25.00*

If you have questions or would like a customized sponsorship package, please contact:

Aya Al-Najjar | Training & Technical Assistance Coordinator
Phone: 602.218.3919 | Fax: 602.252.3620 | ayaa@aachc.org

16th Annual
“Invaluable Medical & Dental Assistant Seminar”
Saturday, October 21, 2017
Black Canyon Conference Center: Phoenix, Arizona

EXHIBITOR/SPONSOR REGISTRATION

Name: _____
Title: _____
Organization: _____
Address: _____
City, State, Zip Code: _____
Email: _____
Phone: _____
Fax: _____
Additional Attendee Name: _____
Additional Attendee Name: _____

SUPPORT & SPONSORSHIP FEES

Please mark below the opportunities you would like to support:

<input type="checkbox"/> \$200 Exhibit Table (Free with other sponsorship)	<input type="checkbox"/> \$2000 Conference Sponsor
<input type="checkbox"/> \$750 Lunch Sponsor	<input type="checkbox"/> \$700 Program Binder Sponsor
<input type="checkbox"/> \$500 Breakfast Sponsor	<input type="checkbox"/> \$250 MA Award Sponsor
<input type="checkbox"/> \$250 DA Award Sponsor	<input type="checkbox"/> \$25 Additional Attendee

Total Amount Enclosed \$ _____

PAYMENT INFORMATION

Please make checks payable to: Arizona Alliance for Community Health Centers

Credit Card Number: _____
Expiration Date: _____ **Four Digit Code:** _____ **CC Zip Code:** _____
Signature: _____

Return completed form and payment to Aya Al-Najjar or go on-line: www.aachc.org