



# AAPACN 2025 CONFERENCE

APRIL 22 - 25, 2025 | LOUISVILLE, KY

## OFFICIAL CONTRACT

### TWO WAYS TO SUBMIT YOUR CONTRACT

Email [aflanagan@AAPACN.org](mailto:aflanagan@AAPACN.org)

Fax 303.758.3588

### QUESTIONS?

Contact Audrey Flanagan

720-515-6930

[aflanagan@AAPACN.org](mailto:aflanagan@AAPACN.org)

### AAPACN STAFF USE ONLY

Date Contract Received	
Payment Received	

## ENGAGEMENT EVENTS | SPONSORSHIPS | PARTNERSHIPS

Current AAPACN Business Partner

Organization Name *(List as it should appear on conference marketing and/or signage)*

Exhibitor Contact and Title *(All communication will be directed to the contact person listed)*

Address/Street City State Zip

Phone Email Address

Billing Address *(If Different from Above)*

Billing Contact

### PAYMENT (PLEASE RECORD TOTALS FROM PROCEEDING PAGES)

Solution Provider Total	
Sponsorship Total	
Representatives Total	
<b>Grand Total</b>	

### PAYMENT INFORMATION

Check *(Make Payable to AAPACN)*

Request Invoice

Credit Card

Visa

Mastercard

American Express

Card Number Expiration Date Security Code

Name on Card Signature Date

By signing below, exhibitor acknowledges they have read, understand, and fully agree to all rules and regulations as listed in the [Terms and Conditions](#) and will abide by them. Any contract sent to AAPACN without a signature below will not be accepted.

Signature



## REPRESENTATIVES

Each Solution Provider package includes two complimentary registrations. Additional registrations can be purchased at the full price of \$624. Please note desired quantity in light blue column. Total dollar amounts in the orange box.

FULL NAME	CREDENTIALS	TITLE	EMAIL	REGISTRATIONS	
					\$0
					\$0
					\$624
					\$624
					\$624
					\$624
					\$624
				<b>Representative Total</b>	

## SPONSORSHIPS

SPONSORSHIP	RATE	QUANTITY
<b>Host Sponsor</b> (1 Available)	\$15,000	
<b>Premier Sponsor</b> (1 Available)	\$10,000	
<b>Select Sponsor</b> (4 Available)	\$5,000	
<b>Opening Night Reception: Party Essentials</b> (1 Available)	\$7,000	
<b>Opening Night Reception: Derby Drink</b> (1 Available)	TBD	
<b>Opening Night Reception: DJ Spins</b> (1 Available)	\$2,000	
<b>Opening Night Reception: Directional Signage</b> (1 Available)	\$4,000	
<b>Opening Night Reception: Photo Bomb</b> (1 Available)	\$6,000	
<b>The Morning After Breakfast</b> (1 Available)	TBD	
<b>Product Theater with Breakfast or Lunch</b> (1 Available)	\$17,000	
<b>Learning Lab</b> (3 Available)	\$7,500	
<b>Wagging Tails Wellness Lounge</b> (1 Available)	\$5,000	
<b>Solution Central Triple Crown Sponsorship</b> (1 Available)	\$3,500	
<b>Welcome Package</b> (1 Available)	\$2,500	
<b>On-Site Signage</b> (Various Options Available)	TBD	
<b>Perk Me Up</b> (1 Available)	\$3,000	
<b>Custom Sponsorship</b>	TBD	
<b>Sponsorship Total</b>		

## SOLUTION PROVIDER PRICING

Note desired quantity in light blue column. Total dollar amounts in the orange box.

PARTNER TYPE	EXHIBIT BOOTH SIZE	RATE	QUANTITY
Diamond Partners			
Platinum Partners			
Gold Partners			
Innovator Partners			
Non-Business Partners			
	Booth sizes and prices:		
	<b>Standard 10x10 Booth</b> .....	<b>\$3,000</b>	
	<b>Corner 10x10 Booth</b> .....	<b>\$3,200</b>	
	<b>Premium 10x20 Booth</b> .....	<b>\$4,000</b>	
	<b>End Cap 10x20 Booth (3 sides open)</b> .....	<b>\$5,000</b>	
	<b>Island Booth</b> .....	<b>\$6,000</b>	
	<b>First-Time Solution Provider (10x10 booth only)</b> .....	<b>\$2,800</b>	
		<b>Total</b>	

## LOGO

- High resolution (300 dpi) EPS
- Must be sent as a separate graphic file to [aflanagan@AAPACN.org](mailto:aflanagan@AAPACN.org).