# 2020 EXHIBITOR AND ADVERTISER OPPORTUNITIES

Association of University Programs in Health Administration 1730 M Street, NW, Suite 407 | Washington, DC 20036 (202) 763-7283 | www.aupha.org

# The AUPHA Exhibit Package

\$2,650

## Exhibit Package

#### INCLUDES

- Exhibit space\*
- ▶ Logo and link placement on AUPHA's meeting website
- ▶ Logo on Eventsential, AUPHA's meeting app

\* Each Exhibit space comes with one six-foot draped table, two chairs, and a waste basket. Special carpeting and pipe and drape are not available. Each exhibit space includes two registrations. For any electricity, AV, or other ancillary services, download the forms from the 2020 Annual Meeting web site (annualmeeting.

# A La Carte Opportunities

# Exhibit Space

Exhibit space	\$1,500
🗖 Extra exhibit table	\$200
(IN ADDITION TO ONE INCLUDED TABLE)	

## **Exhibitor Advertising**

□ Full-page Digital Program ad	\$750
□ Half-page Digital Program ad	\$450
$\square$ Banner ad on Annual Meeting website**	\$300
Banner ad on Eventsential app	\$400

# Non-Exhibitor Advertising

\$950
\$650
\$500
\$600

aupha.org).

\*\* Banner Ads are displayed on web site from date of payment through June 5, 2020.



#### Who We Are....

The Association of University Programs in Health Administration (AUPHA) is a global network of colleges, universities, faculty, individuals and organizations dedicated to improving health by promoting excellence in health management education.

#### What We Do....

AUPHA achieves excellence and innovation in health management and policy education by embracing diversity and providing opportunities for learning and collaboration. Our mission is to foster excellence and innovation in health management and policy education and scholarship.

#### About Our Meeting....

Attendance at the Annual Meeting continues to grow each year, bringing together graduate and undergraduate faculty to share ideas and proven practices in educating future practitioners in health management. AUPHA's Annual Meeting offers exhibitors access to hundreds of members representing colleges, universities, and organizations focused on healthcare. Exhibiting at the Annual Meeting provides companies with numerous networking and lead opportunities.

Visit www.aupha.org to learn more about our organization and annualmeeting.aupha.org to learn more about the Annual Meeting.

# AUPHA 2020 June 3-5, 2020 Salt Lake City

# Ad Specifications

# Digital Program Full-Page Ad

- Ad should be submitted in .pdf format, saved as "press quality."
- Ad should measure exactly 7.75 in wide x 10.25 in high, with no bleed.
- Submit your ad to jstephens@aupha.org no later than April 1, 2020.

IMPORTANT: This ad requires the exact specifications as stated above in order to fit properly in the digital program.

# Digital Program Half-Page Ad

- Ad should be submitted in .pdf format, saved as "press quality."
- Ad should measure exactly 7.75 in wide x 5.5 in high, with no bleed.
- Submit your ad to jstephens@aupha.org no later than April 1, 2020.

IMPORTANT: This ad requires the exact specifications as stated above in order to fit properly in the digital program.

### Annual Meeting Web Site Banner Ad

- Ad should be submitted in .gif or .jpg format.
- Ad should be vertical and 120 px wide x 600 px high.
- Ads will be placed on the site from date of payment until the end of the 2020 Annual Meeting on June 5, 2020.

IMPORTANT: All ads submitted must meet the exact specs stated above in order to fit in AUPHA's web site.

### Eventsential: AUPHA's Meeting App Ad

- Ad should be submitted in .gif or .jpg format.
  No animated gifs.
- Ad should be horizontal, 300 px wide x 50 px high.

# AUPHA

- Each exhibitor receives a maximum of two Exhibit Hallonly registration passes with each purchase of an exhibit space.
- Camera-ready artwork for advertisements must be received/confirmed no later than April 1, 2020.
- In order to maximize your organization's participation as an sponsor, please email a high-resolution version of your logo (both .eps and .jpg) to jwalker@aupha.org no later than April 1, 2020.

Contact	Information

Contact Name	Contact Sign	ature (AUTHORIZING CONTRACT)
Title	Organization	
Business Address		
City	State	ZIP Code
Phone	Fax	Email
Booth Representative 1: na	ame, title, and email; mailing address if differen	t than above

Booth Representative 2: name, title, and email; mailing address if different than above

## **Description for Program**

In the space below, include your 75-word or less company description. REQUIRED

### **Payment Information**

METHOD OF PAYMENT: PLEASE CHECK ONE.

Check		mastercard.	271152 2021 1935/20350		
Credit Card Number		Expiration Date			
Name as it appears on the card		Signature			
TOTAL PAID					

**HOLD HARMLESS CLAUSE:** The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of exhibitor's activities on the Hotel premises and will indemnify, defend, and hold harmless the Hotel, its owner, and its management company, as well as their respective agenda, servants, and employees from any and all such losses, damages, and claims.

Contract and acknowledgement of exhibit/advertisement in printed materials and online will not be processed until payment is received by AUPHA. Incomplete applications will be returned. Please fill out entire form and return with payment to:

Mail: AUPHA | 1730 M Street, NW, Suite 407 | Washington, DC 20036 Fax: (202) 849-6780 Email: jstephens@aupha.org

PLEASE PRINT